

NARRATIVES REVEALED:
UNCOVERING HIDDEN CONFLICT IN PROFESSIONAL RELATIONSHIPS

A Thesis
by
CARRIE RENEE ANSTRAND

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of
MASTER OF ARTS

December 2006

Major Subject: Communication

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Approved by:

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ABSTRACT

Narratives Revealed: Uncovering Hidden Conflict in Professional Relationships.

(December 2006)

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A qualitative narrative approach is used in this study of hidden conflict among nurses and support staff in a hospital setting. Twenty nurses and support staff from a single hospital nursing unit participated in in-depth interviews and shared narratives about hidden conflict. These narratives were used as data in the analysis and were augmented by observations and participant observational data. Narrative, content and theme analyses were applied to the data. Bruner's narrative theory was applied to a portion of the narratives as a methodology for narrative analysis. Content and theme analyses facilitated the differentiation and grouping of the communicative acts from the hidden conflict acts as found in the narrative and observational data.

Results showed that nurses and support staff aligned themselves within the organizational hierarchy, and that much of the experienced hidden conflicts stemmed from issues of organizational positioning. Results also showed that narrative analysis was an effective way to understand the meaning behind the conflict experiences of nurses and support staff. Finally, results demonstrated key communicative forms and hidden conflict strategies used in carrying out hidden conflict acts. Collectively, these findings verify the vitality of hidden conflict's presence in organizations that exists

embedded in the organizational culture. This study further reaffirms the importance of front stage communications to decrease the negative affects of hidden organizational conflict.

DEDICATION

This thesis is dedicated to my husband who has supported and nurtured me through this project, and to my co-workers who made it come to life.

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I would like to thank my thesis committee chair—Dr. Barbara F. Sharf for her continual guidance, support, and stimulation of my professional and academic success that has fostered the fruition of this project. I would also like to thank my thesis committee members—Dr. Linda Putnam and Dr. Alicia Dorsey whose input and direction have been invaluable.

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CHAPTER I

INTRODUCTION

In the United States, nearly 2.2 million jobs are held by registered nurses (RNs) making them the largest workforce in health care. Sixty percent of these jobs are in the hospital setting where nurses make up the largest single component of hospital staff, and are the primary providers of hospital care (Nurse Supply/Demand Facts, 2005). Hospital nursing care has evolved over the past 50 years. Nurses now do procedures once only performed by physicians; new technologies demand increased levels of competency, and collaboration with interdisciplinary groups is expected. As nursing care has evolved, communication channels for the nurse have also changed.

Nurses practice under a license granted by the state in which they work and are responsible for upholding professional nursing practice standards and professionalism guidelines while functioning under the policies, procedures, and management of the organization for which they work. There are innumerable conflicts that occur for the nurse during communication within these overseeing bodies and within these structures. In addition, daily interpersonal interactions provide ample opportunity for conflict to arise for the registered nurse. All of these factors play a role in the nurse's delivery of patient care.

Hidden conflict is an important but understudied form of conflict frequently confronting nurses as they deliver patient care. Kolb and Putnam (1992) argue that in the organization, "public, formal, and deliberate forms are probably rare in comparison

with the ongoing skirmishes, the gossiping, the lumping, and the small vengeance that take place as part of normal daily activity,” (p. 22). Therefore I ask, why has the majority of research been conducted on the overt forms of conflict when, indeed, the covert conflicts are more representative of the organization?

Of interest in this project is understanding how different levels of nursing and support staff experience hidden conflict in an inpatient setting. Disputes between nurse and support staff spoken of only in private—hidden from the majority of colleagues, are just one example of the many hidden conflicts experienced by the registered nurse. The conflicts of focus in this study include hidden conflict among nurses and support staff experienced when working at the delivery of patient care. Many of these conflicts have an influence on the dynamics of delivering quality patient care.

Nursing is one of the most trusted of all professions (Moore, 2004). It is vital that communication among staff within this most trusted profession be free from dysfunctional qualities. The importance of their work within the profession relates directly to those they serve: patients’ well being and safety depend on functional communication among nurses, and nursing staff.

Nurses as Health Providers in the United States

The national move toward managed care systems in health care has caused an evolution in the delivery of hospital based patient care, and in particular has affected the nursing role (Miller & Apker, 2002). Patients are typically more acutely ill during hospitalization, and are encouraged to exit the hospital as early as medically possible. These distinct characteristics of a patient’s hospital stay magnify the nurse’s

responsibilities and accountabilities during the patient's course in the hospital. Nurses must balance managing complex patient care with patient education and interdisciplinary communication in preparation for the patient's discharge from the hospital. "It's important to communicate with parents and families from admission to discharge," state Hughes, a nurse PhD and Edgerton, an MD (2005, p. 89). They continue, "The transition home—whether from hospital, ED [emergency department], or physician's office—is a time when education and clear communication is needed among patients, their families, and all clinicians involved," (p. 89).

Communicative encounters surround the required work of the professional registered nurse. In the hospital setting, communicating patient information to members of the health care team is an important role of the nurse (Miller & Apker, 2002). Nursing staff have a unique vantage point that includes a more direct perspective of the patient's health status and needs that most other team members do not have. The information nurses gather during a given work shift is shared innumerable times with various members of the health care team, resulting in influences on patient care delivery decisions made by members of the team. Apker, Propp & Ford (2005) found in their study on nursing status and identity tensions that physician groups also understand the importance of nurses' communication about patient care. They state, "Physicians stressed that a key element of nurse communication on a healthcare team is to contribute to decision making about patient care. Physicians not only expected nurses to be providers of patient information, they emphasized that nurses should strive to become active problem solvers who work with physicians to improve patient outcomes," (Apker,

Propp, & Ford, 2005, p. 100). Therefore, patient outcomes are partially dependent on the nurse's effective communication of patient information to other members of the health care team in order to foster appropriate decision making regarding treatments, procedures, and interventions.

As a result of nurses' unique position within the health care team, they are, in effect, the professional spokesperson for the patient. Since the science of nursing encourages viewing patients as a whole, not segregating the illness from the person, the nurse regularly acts as a liaison between the patient and the rest of the health care team, such as medical staff, diagnostic imaging, food and nutrition services, and physical therapy as just a few examples. In these communicative interactions, the patient's medical, psychological, social, and spiritual needs are considered.

Another important example of nurses communicating is the interactions that happen among themselves. The most notable and structured format of communication is the shift to shift "report". Within this interaction, occurring at both the beginning and end of a working day, updates on patients are given by the off-going nurse to the on-coming nurse. Valuable information including a brief history, physical assessment findings, medications, exams or procedures, social issues, nutritional intake, and overall patient status are some of the items passed from one nurse to the next. This "report" time has a direct influence on a nurse's preparation for maintaining proper care of patients for the next work shift. Recently, attention has been paid to the importance of interactions such as "report" by regulatory bodies such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Currently, JCAHO has

highlighted national patient safety goals that focus on communication and the importance of “hand-offs” of patient care (such as “report”) due to their high risk potential (such as neglect of discussion of critical patient information or incorrect information given) (JCAHO, 2006). Shift-to-shift report is a major example of a frequent high risk communicative interaction. “When the patient is in transition from one clinician to another or from one setting to another, patient safety can be jeopardized. These are times when medication errors and patient treatment protocol errors are most likely to occur. Clarity is required whenever one communicates with another clinician, and especially when handing off a patient to the next shift or to another clinician,” (Hughes & Edgerton, 2005, p. 89).

Support staff also has frequent interactions with nursing staff and function at a lower level of authority within the organization than the registered nurse. Support staff includes unlicensed personnel hired to work directly under the nurse’s supervision to assist in patient care delivery, and other staff that support the nursing unit’s operations such as secretarial and janitorial work. The communicative encounters among unlicensed staff are usually less structured and vary according to role, but each contact has important communicative and patient care implications. For example, an important role responsibility of the professional nurse is delegation of appropriate tasks to the appropriate staff. “The nurse assigns tasks or delegates care based on the needs of the client and the knowledge and skill of the provider selected,” states the ANA (American Nurses Association) on delegation defined by the *Standards of Clinical Nursing Practice* (1991, p. 17). Nurses delegate by assigning tasks to nursing assistants to facilitate the

delivery of patient care. Nursing assistants are, in effect, an unlicensed extension of the nurse. Nursing assistants carry out many direct patient care activities such as taking vital signs (heart rate, respiratory rate, pulse, and blood pressure), giving patient baths, and recording a patient's intake and output of fluid. All tasks that a nursing assistant can do are also tasks that a nurse can do, however, nurses are dependent on nursing assistants to help in the management of the multiple tasks that time would not permit one person to perform alone. Of course, the reverse is not true: a nursing assistant cannot perform the professional tasks of a licensed nurse. Therefore, the nursing assistant works directly under the authority and supervision of the registered nurse but they are dependent on one another in order to deliver the total essence of patient care.

Other support staff include positions such as housekeepers (janitorial function), and secretaries. They too fulfill important roles that are essential in delivering patient care in a hospital setting. They have skills that a licensed nurse could not perform in addition to the other accountabilities of daily patient care. The relationship between these support staff and nursing staff is one that requires fewer interactions than that of the nurse and nursing assistant, but nevertheless must maintain a level of collaboration to be successful. These personnel generally have the least amount of formal education, have the greatest likelihood of speaking English as a second language, and have the lowest position of informal authority in the nursing unit.

Nursing leadership members, such as managers, educators, assistant directors, and directors, have a unique link to the registered nurse and support staff. They are responsible for the nursing unit overall including hiring/firing, ensuring compliance and

safety, managing the fiscal budget, resolving disputes, facilitating training, etc. This group of leaders is comprised of registered nurses who often have higher degrees of education than the typical staff nurse, but who, on a day-to-day basis, have little direct patient care contact. The communication between staff nurse, support staff and leadership team member is important, particularly when communication relates to conflict on the nursing unit. Further important to this study, the leadership group has formal positions of authority and is recognized by the institution's higher levels of authority as leaders.

This study examines these many nursing relationships and the communicative interactions among them. With a close look at the interpersonal relationships through participant observations, standard observations, and in-depth interviews, a unique perspective on hidden conflict and professional relationships ensues. This thesis will explore the complexities of hidden conflict and its communication patterns among nurses and support staff as revealed in narrative, observations, and participant observations. Chapter II reviews the relevant literatures from organizational conflict, health communication, and narrative research and closes with the research questions of this project. Chapter III gives details of the methods used in data collection and data analysis. In Chapter IV, results from the data analysis are posited. Finally, Chapter V closes with a discussion of the study's results and implications, and offers directions for future research.

CHAPTER II

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

Through this research, I, like Kolb and Bartunek (1992), wish to call attention to “the understudied dimensions of conflict” to highlight the social significance of such dimensions in daily life (p. 227). The nature of narrative and its resounding presence in the workplace make this form of methodology fitting for examination of these understudied dimensions of conflict found in organizational life. This review covers the importance of literatures studying organizational conflict and hidden conflict, health communication and narrative. These three bodies of research support the thesis of this project: understanding hidden organizational conflict and its communication patterns among health care workers.

In this review, rationale for unifying conflict and hidden conflict, health communication and narrative analysis literatures will be addressed. The theories of each of these disciplines will be examined. This examination will lead to research questions addressing hidden conflict and communication in the health care worker’s organizational experience.

Conflict: Differentiating Hidden and Overt

Conflict has three defining characteristics, adapted here from Putnam (1989, p. 176). First, parties perceive that they have incompatible goals. This incompatibility creates a friction or tension between the parties. Second, the parties are interdependent, meaning that their fates are somehow intertwined. The dialectics of cooperation versus competition enter much of the conflict literature here. Parties must “cooperate to

compete” in achieving their individual goals. Conflict, however, is rarely seen by the parties as mutually beneficial and conflicting goals are most often approached as mutually exclusive and incompatible (Kolb, & Putnam, 1992, p. 17). Thirdly, conflict transpires as a social interaction (Putnam, 1989) and this interaction takes place within a social context (Kolb, & Putnam, 1992). Therefore, conflict is a naturally occurring phenomenon that parties (or social actors) experience regularly within social settings.

Organizations are social constructions with multiple participants or actors within them; they are prime locations for conflict to occur. Morrill and Thomas (1992) wrote a classic organizational conflict article in which they summarize the findings of Nader and Todd (1978) and Morrill (1989), and create a categorization of conflict into three stages: grievance, conflict, and disputing. The first stage, *grievance*, is “pre-conflict” in which a person or party has an initial reaction to a perceived violation. This violation could stem from a variety of causes, including an infringement on social standards, group norms or rules. The second stage, *conflict*, encompasses the communication process between the persons or parties in disagreement. It is at this point that the violation is brought to the conscious attention of those involved. This may be done either directly or indirectly. The third conflict stage, *disputing*, is the only phase occurring at the public level. It is at this point in which third parties become involved, as the conflict has escalated beyond resolution between the parties or individuals themselves.

The unique nature of hidden conflict in organizations has recently gained popularity in the organizational scholarship, spawning several studies. Morrill and Thomas (1992) argue that by examining the different stages of conflict within

organizations through a social construction lens, a broader, more complete understanding of organizational conflict would ensue, particularly in understanding behaviors. Expanding on Goffman's (1959) classic model of organizations having both a front and back stage for interpersonal interactions, Morrill and Thomas (1992) named the observed grievances "overt" in which a larger organizational audience is privy to the conflict happenings. Public, formal, and rational methods of conflict management fit in this category (Kolb, & Putnam, 1992).

Conversely, Morrill and Thomas named unobserved grievances, meaning those that occur backstage or behind the scenes, as "covert". Examples of covert grievances include the private, informal and non-rational modes of conflict management (Kolb, & Putnam, 1992). Simply stated, this is hidden organizational conflict. Friedman (1995) found similar phenomenon in labor negotiations. He claims that private negotiations were present and, indeed, necessary for a successful progression of conflict resolution in negotiations.

Kolb and Bartunek (1992) maintain that their collection of articles on hidden conflict revealed that organization members defined conflict differently in any given situation. They contend that these varying interpretations necessitate adequate translation in order to bridge gaps in understanding and promote effective communication between organizational members. Additionally important, they found that the translation process is most likely to occur at the informal and private processing levels. This evidence suggests that sense-making occurs "behind the scenes." Kolb and

Bartunek (1992) believe that processing happens at this private level because behind-the-scenes interactions allow non-rational expressions to enter communication processes.

Organizational Hierarchy and Conflict

Conflict is telling of the nature of an organization. Examining organizational conflict reveals the communication patterns of its members and highlights the cultural norms of conflict management (Kolb & Putnam, 1992). Studying organizational conflict enables a researcher to identify the formal structural or hierarchical frameworks within an organization, and to differentiate these structures from actual functionality of employees within the organization. For many institutions, the expected cultural norm in handling conflict is communicating appropriately via the chain of command. Johnson (1992) reviewed several articles on organizational structure and communication, and found that many business authors stressed the importance of organizational hierarchy and emphasized the managerial role in communication. When the chain of command is violated (for any number of reasons), serious consequences can result for the employee, such as being reprimanded for insubordination, unprofessional conduct or more seriously, could lead to termination (Fleming, 2000). (These repercussions are particularly important when examining ethical concerns leading to “whistleblowing”.)

Morrill (1995) addresses hierarchy in his book, *The Executive Way*, an extensive study of the conflict management of executives in thirteen major corporations. His findings on hidden conflict are of interest to this study. He found that conflict management is deeply rooted in the authority structure and ranking of workers within a chain of command. In particular Morrill (1995) found that due to the staunch

bureaucracy of some organizations, executive conflict management became “an affair set behind closed doors,” in the informal and private settings (p. 218). The hierarchy influenced the ways that executives communicated and carried out acts of conflict, tending toward informal rather than formal forms of disciplinary action against subordinates. He also found that subordinates would manage their grievances similarly by “secretly complaining” and consciously “attempting to avoid contact with the offenders,” endured their grievances or used covert attacks such as “sabotage”. This study demonstrates that hierarchy plays a key role in both the communication surrounding a conflict and the unfolding of the conflict act itself. Morill’s study exposes hidden conflict as a regular occurrence in organizations and his perspective on the interplay between hierarchy and conflict allows hidden conflicts to be better understood in the organizational context.

In another study, Yoder & Aniakudo (1997) examine the relationship of organizational hierarchy in firefighter workplaces to social standing and identity specifically surrounding race and gender. Yoder & Aniakudo (1997) highlight the ranking of minority groups within firefighter organizational systems revealing a very distinctly enacted hierarchy within firefighter organizations. They found that female African-Americans were marginalized not only among both their male African-American and Caucasian counterparts, but also their female Caucasian co-workers. This led Yoder and Aniakudo to conclude that while gender cannot be separated from race and class, African-American women had less standing than African-American men (because they were women) and less standing than Caucasian females (because they

were African-American). Lorde (1992) validates this form of marginalization imposed by Caucasian females when she states, “White women focus upon their oppression as women and ignore differences of race, sexual preference, class, and age,” (p. 497). These studies have important implications to the way that conflict is lived out within organizations, revealing a hidden context that supports the backbone of organizational hierarchy.

Hidden Conflict: Communicative Forms & Hidden Conflict Strategies

“Communicative forms” is the term I use to identify the communication methods used during a hidden conflict. “Hidden conflict strategies” is the term I use in referring to the types of hidden conflicts used in carrying out a conflict act.

Communicative forms are the act of communication within a hidden conflict. To unveil communicative forms we ask, in what ways are people communicating while enacting their conflict? Likewise, to find the hidden conflict strategy we ask, What is the type of hidden conflict being carried out? For example, gossip may be the communicative form used by a person building a coalition (the hidden conflict strategy). An overview of hidden conflict strategies and communicative forms used in enacting those strategies will be reviewed in the next section. While to date, conflict and communicative research has not differentiated between hidden conflict strategies and the corresponding communicative forms used in enacting hidden conflict, these literatures have created a foundation for creating such a typology. Many terms are used by multiple authors and in various ways, and therefore terms overlap as do their use as either a communicative form

or hidden conflict strategy. However, noting the use of these terms by multiple authors further validates them as useful in a typology.

Hidden Conflict and Communicative Forms

Beginning this typology turns us more specifically to the nature of communication in hidden conflicts in organizations. Communication tactics within hidden organizational conflict are distinctively different from those of the formal and public organizational conflicts. Putnam (2001) states the informal system of hidden conflict presents with communication in the form of “complaining, ignoring requests, gossiping, sabotaging, retaliating, having hidden agendas, and engaging in informal peacemaking,” (p. 15). She goes on to describe the emotionality of this mode of communicating conflict in which participants may vent their feelings, verbalize their hurt feelings and generally show their displeasure (p. 15).

I will now explore three sets of bi-polar opposites presented by Kolb and Putnam (1992) to demonstrate how communication and conflict are managed in the organization and to further distinguish overt and hidden conflict. The oppositional terms are *public-private*, *formal-informal*, and *rational-non-rational*. Kolb and Putnam (1992) state that public conflicts follow a set of norms that regulate the proceedings and include more formal forms of discourse such as laws, written documents and contracts. Conversely, private forms of conflict management tend to be hidden from the public eye and may never even be labeled as disputes. This level of conflict management relies heavily on situational norms and procedures rather than laws or documents. Behaviors typical to

this mode of conflict management include “avoidance, accommodation, tolerance, or ‘behind-the-scenes’ coalition building,” (p. 19).

Formal systems of conflict management are ruled by the organizational structure and typically follow particular procedures and protocols. This process usually entails the intervention of a third party such as mediators, negotiators, or managers. In contrast, informal disputes rely heavily on organization members rather than the system or structure for managing disputes. Norms of this type of management include sanctioning “hidden agendas, ‘bitching,’ ignoring requests,” and other activities (Kolb & Putnam, 1992, p. 19).

Rational perspectives view conflict management as a process that can and should be dealt with in logical, preconceived, and systematic steps. Strategy is favored highly in this perspective. As its opposite, non-rational perspectives favor instinct, emotions, and spontaneity and may include communication in the form of gossip (Kolb & Putnam, 1992, p. 20). The private forms of behavior, as opposed to their public counterparts, are key elements that link hidden organizational conflict to the non-rational, diverse, use of narrative in organizational conflict management.

These literatures have shown that organizational conflict may not be apparent on a surface level. An in-depth investigation is necessary to uncover the deeply-rooted, culturally-driven behaviors in the private, informal and “non-rational” forms of conflict.

Strategies of Hidden Conflict

Morrill and Thomas (1992, p. 414-415) alluded to hidden conflict when they categorized conflict into measurable categories including avoidance, conciliatory negotiation, covert retaliation, discipline, and toleration. They define *avoidance* as purposely evading contact and interaction between the aggrieved and offended parties. *Conciliatory negotiation* refers to the reconciliation process that occurs when parties approach each other to discuss mutually beneficial solutions. *Sabotage or covert retaliation* are names given to the secret process of aggression led by one party to hassle the other. *Discipline* can function at either the covert or overt levels, and refers to the punishment superiors impose on their subordinate offenders. Finally, *toleration* is the “endurance and inaction” of the offended party toward the offender (Morrill & Thomas, 1992, p. 414-415).

Private grievances is the name Morrill (1992) gives to those complaints that are interpersonal in nature and managed informally with low visibility by outsiders. These grievances rarely escalate into conflicts and almost never reach the disputant stage. He found five categories of communication within this type of hidden conflict.

First, *temporary avoidance* was the most frequently used method. This form of communication transpires by withholding social interaction with the aggrieved party. This clearly sends a conflict message to the aggrieved party. Second, Morrill (1992) defines *toleration* as the “inaction by an aggrieved party but intrapersonal recognition that whatever is at the basis of a grievance or conflict still exists...” (p. 99). In effect, the parties are privy to conflict but endure it rather than confront it. Thirdly, *strategic*

alienation is the conscious avoidance of a person to express one's discontent toward their behavior. The fourth category is *surveillance* in which information about the opposing party is obtained in order to keep track of offenses. The fifth method is called *the exit*. Morrill states this was a last resort method and was more likely used by individuals who had chronic problems with their coworkers. People in this group were usually labeled by remaining group members as "burnouts."

Conceptual Framework: Hidden Conflict Communicative Forms and Strategies

Below, in table 1, is the aggregate typology of terms used in existing literature that have been categorized for purposes of this study. Definitions are based on existing literature but have been tailored to this study. The delineation of communicative forms from their hidden conflict strategy is a new and rather precarious endeavor due to the overlap in multiple authors' uses of similar terms to describe hidden conflict in general without the distinction between the communicative act from the hidden conflict act. While this list is by no means exhaustive, it allows an important distinction to emerge between how hidden conflict acts are communicated and how they are carried out.

Table 1
Communicative Forms and Hidden Conflict Strategies

Communicative Forms	
Gossip	Speaking about another person or people “behind their back” and without their knowledge, usually done with a negative connotation.
Complaining/bitching/ venting	Getting things “off your chest” by sharing frustrations with someone who would listen.
Surveillance	Keeping tabs on someone else’s actions, usually a tally of wrongs to be used against the person being surveilled.
Ignoring Requests	Purposeful neglect of clearly stated requests, often to convey disagreement with and opposition to the requestor.
Delaying Response	Purposefully lengthening of response time to clearly-stated requests, often to convey disagreement with and opposition to the requestor.
Hidden Agendas	Formulation of a covert plan or idea regarding ways to antagonize an unfavorable person or persons.
Lumping It	Taking personal offenses by others and internalizing them.
Hidden Conflict Strategies	
Accommodation	Going along with someone even if it causes internal discord, in order to avoid confrontation or disagreement.
Tolerance	“Putting up with someone” out of a feeling of pressure or duty despite personal preference or choice.
Avoidance	Purposefully evading contact with a person or persons as much as possible.
Strategic Alienation	Purposefully targeting an individual or individuals to avoid all contact and send a message of displeasure to the offender.
Coalition Building	Forming agreement with other persons in a similar situation to work toward a specific goal.
Retaliation	“Getting back” at someone for a previous offense.
Sabotage	Attacking someone outright, and usually very distinctly by surprise, in response to a previous offense.

Next, we look at narrative, a form of discourse that has the potential and flexibility to incorporate complex organizational phenomenon into an understandable format. Narrative is especially useful in managing hidden conflict, as it reminds the conflict manager, mediator, or researcher that conflicting parties come with their own “true” version of the story, told with a particular plot toward a specific end. A general overview of narrative research will be given leading toward a demonstration of the unique link between conflict and narrative. In this review, there are three narrative qualities that are examined demonstrating its particular interest to the study of hidden conflict. Conflict components complement narrative elements: Narrative is a sense-making tool which can facilitate a deeper understanding of hidden conflict, narrative is socially constructed and hidden conflict is socially constructed and finally narrative naturally lends toward reflexivity which facilitates conflict transformation. An overview of the features of the narrative theory used in this project will conclude the narrative review.

Narrative

Narrative is one of the most powerful forms of human communication, according to Bruner (1990, p. 77). Narratives, or stories, are more than modes of discourse; they are sense-making tools that give coherence and meaning to life events. Meaning is made during narrativization, as narratives tell not only about past actions, but also about how those actions are understood (Riessman, 1993). According to Cloke and Goldsmith (2000), “Stories are symbols, constructed in words, that represent real-life events and

authentic experiences, but they can also be substituted for those events and experiences and may even in a sense, become them” (p. 40).

Burke’s (1945) theory of dramatism for describing human actions leads him to claim the following about stories. “Any complete statement about motives will offer some kind of answer to these five questions: What was done (act), when or where it was done (scene), who did it (agent), how he did it (agency), and why (purpose),” (p. xv). Narrantologists often used this Burkean pentad to analyze and make sense of the stories people tell. This methodology provides a careful dissection of the components of the story, leading to a deeper understanding of what was said, and more importantly, why. Proceeding with this process of analysis moves the researcher toward an interpretation that has uncovered the meaning behind what was said in the story.

The discourse and analysis of narratives also allows underlying needs, assumptions, and cultural norms to surface. As these elements emerge, they contain the potential to lead toward an understanding of what the conflict *means* to the individuals. Conflict needs a sense-making tool to fully develop, understand and flesh out the many dynamics and facets that are comprised in it.

Hidden Conflict and Narrative

Bartunek, Kolb & Lewicki (1992) highlight three different ways hidden conflict is important in organizational life. First, handling private and informal conflict affects participants’ understanding and ability to process conflicts in general. This interpersonal competence results from participants’ capacities to acquire and assimilate a wide array of information from the private conflict including behaviors, feelings, and values.

Second, the informality of hidden conflict allows individuals to feel safe in exploring and testing various interpretations of the conflict. One theory of the possible stages to be explored includes naming-defining the dispute, blaming-assigning a party/person as the cause of the dispute, explaining-collectively defining the conflict to encourage a specific course of action, and finally, taking action (Kolb & Bartunek, 1992, p. 219; Sheppard, Lewicki, & Minton, 1992; Felstiner, Abel, & Sarat, 1981). The third reason hidden conflict has significance is its ability to foster a collective consensus. This process requires social support and group action.

Friedman (1995) states, “while conflict is expressed in public, understanding is built up in private,” (p. 11). It is in the “backstage” moments that communication is freely exchanged without the pressures of a more public audience. The notion of “backstage” was first addressed by Goffman (1959) when he likened organizational members to social actors performing for audiences in either the frontstage, before a public audience, or backstage, for a private audience. This notion of the backstage has been expounded upon by other scholars with focused research on aspects of this performance-like social interaction. Van Maanen’s (1992) article describing the off stage (backstage) gathering times of the Metropolitan Police Department in London shows that in the bars, not formal meeting rooms, is where the heart of conflict was revealed. It was at this backstage level that group members told stories to make sense of their organizational lives. Conflict is more openly discussed in this more private and “hidden” environment where non-rational ideas and thoughts are allowed to surface uninhibited, through stories.

As the Metropolitan Police Department study showed, backstage discussions are frequented by storytelling centered on conflict. Narratives about hidden conflict center on moral stances, reveal informal norms embedded in organizational culture, and function to maintain personal and social identity. These three functions make narrative analysis an ideal form to understand organizational hidden conflict in that examining conflict through the narrative lens allows information regarding both organizational culture and social interactions to emerge revealing the significant yet underexposed areas of the organization. However, backstage conflicts must be assessed within the larger context of the organization including front stage interactions. The totality of front and back stage interactions serve to protect and maintain a sense of personal and social identity within the organization. They reveal moral stances and cultural differences. Narratives are revealing of these complex and layered issues.

Three qualities of narrative make it particularly suitable toward the study of hidden organizational conflict. First narratives are sense-making tools that humans have historically used in communicating with one another. Second, context plays a role in narratives: they are socially constructed just as conflicts themselves are socially constructed. This notion makes dissecting them useful in understanding larger social concepts at work. Thirdly, narratives are inherently reflexive, meaning they allow individuals/parties to step back and observe their behaviors at a distance. This form of examining meaning frees the narrator of the story to imagine the possibility of change.

Narrative and Sense-making

Fisher (1987) defines narration as “symbolic actions—words and/or deeds—that have sequence and meaning for those who live, create, or interpret them,” (p. 58). He describes humans as natural storytellers who “acquire narrativity in the natural process of socialization,” (p. 65) and make decisions based on their good reasoning. Further, he claims that sense-making depends on the individual’s processing of the inherent characteristics of narrative: narrative probability and narrative fidelity.

Narrative probability is the awareness of what constitutes a coherent story, whether it “hangs together” or not. Riessman concurs, stating, “Events become meaningful because of their placement in a narrative,” (1993, p. 18). Linde (1993) expands on the concept of narrative coherence when she asserts that narratives are considered coherent from both an internal and external examination of their parts. That is to say, the story must not only contain certain elements (such as found in the Burkean pentad described earlier) in a sensible order, they must also be understandable within a larger context, as in a social setting. For example, a story about a nurse must not only make sense in and of itself (a patient has pain, the nurse gives pain medication), but must also make sense within the context of what is generally known about nurses (they care for the ill).

Narrative fidelity is the awareness of whether or not stories “ring true” with what the individual already knows to be true in his/her life. The story must have a tone of reality if it is to be accepted by the audience. It is interesting to note that audiences of the story also evaluate the narrator on his/her ability to tell a story in a way that makes

sense through inclusion of these elements. If a narrator describes a story that rings true but is incoherent because it does not “hang together” in the sequence in which the story is told, the audience is less likely to believe the story.

Moral Aspects of Narrative

Fisher (1987) quotes Ricoeur concerning the power of narrative as an ethical and moral guide to socialization:

If we regard narrative ethically, as the supreme instrument for building ‘values’ and ‘goals,’ in Dilthey’s sense of these terms, which motivate human conduct into situational structures of ‘meaning,’ then we must concede it to be a universal cultural activity, embedded in the very center of the social drama, itself another cross-cultural and transtemporal unit in social process. (p. 65).

Stories are unavoidably about moral stances in that there is an inherent cultural meaning within them (Bruner, 1990). Cultural knowledge revealed through narratives is an asset to those studying organizational conflict, as many conflicts stem from moral issues that translate into cultural conflicts. Linde (1993) states, “. . . narratives are also made coherent by the moral comments they offer on the way things are, the way things ought to be, and (most especially) the kind of person the speaker claims to be,” (p. 81). These intersecting bodies of knowledge are complementary: narrative is the form, and conflict the content.

These claims of how things “ought to be” direct the story-teller toward a negotiation with the audience over the meaning of what was said. “Our culturally adapted way of life depends upon shared meanings and shared concepts and depends as well upon shared modes of discourse for negotiating differences in meaning and interpretation,” (Bruner, 1990, p. 13). Narratives involve a negotiation process with the

audience before which they are told, according to Linde (1993). She states that this process unfolds as the speaker and audience decide how the story will be understood.

Narrative and Reflexivity: Personal and Social Identity

Mishler (1986, p. 243) addresses the function of narrative when he identifies two assumptions in narrative accounts. First, a story is always reflective of the narrator's self-representation. There is a specific personal and social identity that the storyteller is claiming. As a result, stories are told in a particular way toward specific ends.

Storytellers wish to be conveyed in a certain light—one that they have negotiated for themselves as appropriate to both their morals and their situation. Second, all information presented serves to validate and confirm that claimed identity. Therefore, personal identity and social values are closely linked to narrative representation as storytellers wish to be seen in the best light by their audience.

“Narrative is among the most important social resources for creating and maintaining personal identity” (Linde 1993). The self is being negotiated continually as it is socially constructed. Cloke and Goldsmith (2000) also posit that stories reflect our identities, “We tell stories to rationalize what we have said or done, to justify our roles, to express our injured feelings, to defend our positions, or to prove that we are right,” (p.5). Humans desire to organize their lives, especially in the face of ambiguities and confusion. Stories are often under “revision, to express our current understanding of what our lives mean,” (Linde, 1993, p. 25). Social construction of identities plays a major role in both the unfolding of a conflict and the narrative discourse of the conflict, leading some to combine narrative and conflict management. This idea has recently

gained popularity among scholars (see Czarniawska, & Gagliardi, 2003), particularly in mediation work (see Winslade, & Monk, 2000; Cloke, & Goldsmith, 2000; and LeBaron, 2002).

“A narrative approach to mediation helps mediators and their clients make sense of the complex social contexts that shape conflicts. The mediation context is riddled with strong cultural narratives that form around ethnicity, gender, class, education, and financial wealth for example,” state Winslade and Monk (2000, p. xi). The complexity of self identity placed within the larger social identity is revealed in narrative. Each personification is challenged and defended within the narrative process. Cobb (1994) presents an interesting perspective on narrative mediation work. She states that conflict stories become traps that conflicted individuals set for themselves and others, making the job of the mediator altering the discourse toward an alternative view. However, changing stories proves problematic, according to Cobb, in that, despite attempts at impartiality, conflict stories that are better developed (with such elements as plot, coherence, good presentation) marginalize the other’s story. She proposes a “destabilization” of the story structures to help remedy this problem for the mediator. This process assists the complainants in getting out of their status quo and into a new story. While this form of mediation may show promise for conflict resolution it is also problematic in that this use has moral and ethical implications in balancing power that must be thoughtfully considered. However, narrative use in mediation does confirm that employing narrative in conflict has a tendency toward transformative possibilities.

Narrative Reflexivity and Conflict Transformation

Humans use narratives as tools for making meaning from the ambiguities of life, making the use of narratives as transformational models possible. Burke (1945) claims that ambiguity should not be ignored but that we should “study and clarify the resources of ambiguity,” (p. xix). He additionally claims that ambiguity and transformation are inextricably linked: “...It is in the areas of ambiguity that transformations take place; in fact without such areas, transformation would be impossible,” (p. xix). Here Burke validates the process of meaning making from ambiguous experiences as a catalyst for change and transformation. And as Alvesson (2002) reminds us, “Very few organizations are based on a coherent and easily ranked set of values and ideas,” (p. 88). Ambiguity is commonplace in the organizational setting. Therefore narratives have the potential to be used as transformational models within hidden organizational conflict contexts.

Next, we take a look at the narrative theory of choice for narrative analysis in this research. Bruner’s (1990) narrative theory has been selected for particular application to this study. In the following section, a description of his theory and its particular pertinence to this project on hidden conflict is explored.

Bruner’s Narrative Theory

Bruner (1990) maintains that there are three inherent properties to all narratives that distinguish them from other forms of discourse: sequentiality, indifference to facts, and linking of the exceptional to the ordinary. *Sequentiality* refers to the ordering of events that transpire within a narrative in an overall sequence—thereby creating its plot.

The plot reveals the importance of events as they happen in the story. Narrative's *indifference to facts* allows a story to have value from multiple perspectives. There is no one version of the story—that is, there is no one truth intrinsic to a story. *Linking the exceptional to the ordinary* refers to narrative's function in making meaning out of the unusual; it is the unusual event that sparks a story, and not the commonplace (Bruner, 1990). These qualities of Bruner's narrative theory make it especially useful in dealing with hidden conflict, as conflict is an exceptional experience that often creates accounts through narrative. The unfolding of the conflict experience may be wrought with plots and sub-plots, and conflict, by its very definition denotes a certain struggle over multiple versions of “truth”. Furthermore, conflict may often be about extraordinary events or circumstances, as is the formulation of narrative. When these entities intersect, a story about conflict emerges. Due to the enlightening nature of these three narrative characteristics, Bruner's narrative theory is useful in both identifying and analyzing the narratives of this project on hidden conflict.

Past research suggests that the complexity and nature of hidden conflict may be revealed through the complexity and nature of narrative. Current conflict scholars have begun to explore the potentials of this relationship as shown throughout this literature review. However, the majority of narrative work and conflict has focused on mediation. More efforts are needed to further reveal the manifestations of hidden conflict on the organizational and individual levels by more extensively researching the narratives that occur at this level of conflict; hence, this study of narratives of health care workers on

organizational hidden conflict. Toward this end, the following research questions are posited.

Research Questions

This review underscores the importance and appropriateness of the following research questions in an effort to elicit narratives from health care workers and ancillary staff to understand how they experience hidden conflict and the effect of hidden conflict on professional relationships, and to highlight through participant narratives the communication patterns in hidden conflict that affect professional relationships.

RQ 1: What are the topics and areas of concern that nursing and support staff experience in enacting hidden conflict?

RQ 2: In what ways does Bruner's narrative theory inform the study of hidden conflict?

RQ 3: What types of strategies characterize the ways that these hidden conflicts occur and what forms of communication characterize the way these strategies are conveyed?

CHAPTER III

METHOD

After obtaining IRB approval, permission to conduct this study was granted by the leadership team (inclusive of two managers and an assistant director) of the nursing unit to be studied: a surgical and orthopedic nursing floor. Prior to the initiation of the research, a letter was distributed to each employee to notify them of the study and to elicit volunteers to participate in the interview portion of the research (see Appendix A for the staff recruitment letter).

Context

The Organization

This study was conducted in a large teaching hospital in a major metropolitan city in the South. The participating organization is part of a large medical center in which patients travel from all over the world to receive care. The facility of interest is comprised of both in-patient and out-patient settings in which over 6,000 nurses and support staff are employed and nearly 500 in-patient hospital beds accommodate patients and their families. This hospital prides itself on its excellence in patient care, education, and research, and the mission statement focuses on a “commitment to quality service and cost-effective care to enhance the health and well-being” of their patients and the community. With a regional, national, and international patient population, the hospital’s health care providers serve unique and diverse groups of people. Employees are also diverse, representing populations from across the US and foreign countries with various racial and cultural backgrounds. The result of these diverse groups coalescing in

one organization makes it a prime environment to study communication and organizational conflict.

Communication channels within the organization are clearly communicated to new employees upon their orientation to the facility. The importance of hierarchy in this large institution is stressed when a copy of the chain of command is given to new hires. The hierarchy has communicative significance as the institution lays out a physical representation of the appropriate communication channels employees are to use in conveying information and concerns to superiors.

While access to e-mail has allowed some of the strict hierarchical lines to be blurred, it is not uncommon for support staff to demonstrate little to no applicable knowledge of communicating through e-mail. All hospital employees are supposed to have access to e-mail through their own account, but support staff frequently has not been taught how to access the e-mail system. For some employees, English is a second language which in and of itself poses various complications in communicating within the institution. As with much of society, those at the bottom of the hierarchy have the least ability to communicate in an upward fashion.

The Hospital Unit

Research for this project was conducted on a single nursing unit within the hospital that specializes in in-patient orthopedic and surgical patient care. The unit has a thirty-six bed capacity, with all private patient rooms, each with large windows. The patient census generally maintains full capacity with patients being admitted and discharged frequently. Shifts for most employees are twelve hours long: 7am-7pm, and

7pm-7am, allowing 24 hour coverage for the nursing unit. Exceptions to the twelve hour work day include some support staff who work 8 hour or 16 hour shifts, such as some housekeepers and secretaries. Leadership team members generally work five days a week with eight hour shifts depending on the unit's needs. Offices of the leadership team members are removed from the patient areas and located at the back of the center of the nursing unit, the assistant director's office is the largest. None of the offices are equipped with windows. Leadership team members fill in as staff nurses during times of worker shortage (such as someone calling in sick, or being out due to a leave of absence).

The unit is generally fast paced, particularly during the day shift hours when patients are being discharged and fresh post-operative patients admitted. Patient turn-over is quite high, frequently reaching as high as 16 (out of 36 possible patients) patient discharges and then the subsequent admissions to fill those vacant rooms, all in a given twelve hour shift. This creates a high workload per nurse, who usually cares for four to six patients and can discharge any number of them (from one patient discharge to all patients being discharged). As a result, the same nurse can receive as many admissions as he or she has open rooms (it is not uncommon to have three to four new admissions for a single nurse creating a total number of individual patients cared for in a shift ranging from 6-10). This dynamic fluctuation in patient load also greatly affects the support staff. PCAs (patient care assistants, also known as nurses' aides) generally care for nine to twelve patients each (PCAs always work with multiple nurses—sometimes as many as four). PCAs are heavily involved in the admission process for new patients in

addition to maintaining their regular patient care duties. Housekeepers often clean patient rooms after a patient discharge in addition to their regular cleaning assignments ranging from 12 to 18 rooms.

Intermittent down-times are filled with various activities ranging from patient care (e.g. spending extra time with patients/families), to taking breaks in the staff lounge or cafeteria, and congregating at nursing stations to discuss personal lives. Some shifts allow for greater moments of down time and some staff have greater opportunity for down time depending on their work load for that shift. For example a shift with “good staffing” can allow more than one nurse to have only 4 patients and PCAs to have only 9 patients, thereby increasing these workers’ probability of having fewer tasks to complete and greater likelihood for down time.

The Participants

The nursing unit consists of 67 employees including multiple job descriptions such as nurses, patient care assistants, housekeepers, secretaries, managers, an education coordinator, and an assistant director. Of the 67 employees on the nursing unit, twenty participated in in-depth semi-structured interviews. Ten of the interviews were conducted with registered staff nurses, while the remaining ten interviews were conducted with personnel in other roles. This procedure was chosen in an effort to emphasize nursing professional relationships.

The diversity of the employees adds to the richness of this project. Multiple nationalities were represented in the nursing unit as a whole. Several nurses were from the Philippines, and a few from Africa. Some support staff was from Mexico. The

American nurses had African-American, Caucasian, Chinese and Hispanic backgrounds. Patient Care Assistants had African-American and Caucasian representation. At the time of this study no foreign PCAs were employed.

Appendices B-1, B-2, & B-3 contain the demographic data of the 20 interview participants. This data was directly obtained from participants who each completed the “Diversity Questionnaire,” at the time of interview. Please refer to appendix C for the questionnaire. Of the 20 interview participants, ten were registered nurses, and ten were in either support staff or leadership roles (“leadership” consists of two managers and an assistant director). In Appendices B-1, the graph shows age range of nurses, PCAs, leaders, secretary and housekeeper, revealing that the most common age range of interview respondents is 26-30. The majority of nurses fall out into three distinct age categories. Three in each age range of 21-25, 31-35, and over 40 years of age. One nurse participant is from age range of 26-30. The age range for PCAs is also in three age categories with two from ages 26-30, one age 31-35 and two ages 36-40. Compared to nursing age representation, PCA interview respondents had no representation under the age of 26 or over the age of 40. Leadership represented age groups from 26-30, 36-40, and above 40 years of age. Both secretary and housekeeper respondents were between the ages of 26-30.

Participant gender, race and ethnicity are reported in appendix B-2. Three of the 20 participants are male, only one of whom is a nurse. The nurses in this study consist of half Caucasian (five participants) and half consisting of two Hispanic, two Filipino, and one African. PCAs consist of three African-Americans and two Caucasians. Both

the secretary and housekeeper are African-American. Leadership members are comprised of two Caucasians and one Hispanic, all female.

Appendix B-3 graphs the education levels of interview participants. Nursing education levels are largely baccalaureate with only two having associate degrees. Four out of five PCAs report having some collegiate experience, the fifth reporting a high school education and no college education. The secretary holds a bachelor's degree and the housekeeper has attended some college. Leadership members have one each of associate, baccalaureate, and master's degrees.

Each member has a distinct role and job description within the institution. While these roles are distinct, the patient care delivery model employed by the facility creates an interdependent environment for the successful delivery of care to patients and families. More specifically, because nurses work directly with PCAs, each of these roles depend upon the other in order to accomplish the mutual goal of delivering patient care. Other support staff facilitate care of the environment in which the nurses and PCAs work. The leadership team provides guidance for the unit from a managerial, educational, and financial perspective.

Employees on this unit work closely with interdisciplinary groups such as social work, dietary services, discharge planning, physical and occupational therapists, chaplains, and various physician groups including surgeons, other specialists, and generalists. Interactions with these groups were daily occurrences and presented with varying degrees of frequency. Nurses by and large interact with the largest number of

interdisciplinary groups as the coordination of patient care was their primary responsibility.

Procedures

Research for the study commenced over a period of one year. Nearly 100 hours of participant observations and roughly 40 hours of standard (non-participant) observations were conducted throughout the one-year time frame. This data resulted in roughly 50 pages of detailed field notes and a journal used for personal reflection.

Sampling

Only two employee responses to the invitation for an interview were received (see “Staff Recruitment Letter” in appendix A); one response sent to me via an e-mail and the other response sent to me via a written statement of interest. Due to the low response rate of volunteers for interview, methods employed in the recruitment of participants included seeking respondents based on their availability and using purposeful selection. Availability played a role in interview candidate selection because all interviews were performed at the hospital during business hours. During my days off, including week and weekend days and evenings, I would come to the hospital (sometimes dressed in scrubs, sometimes in professional clothes) to ask those working that day if they would be willing to participate in an interview. Some of the workers declined, and others were unable to participate due to their work load. A few times, persons who committed verbally to an interview were unable to participate due to the changes in their work load during my available interview times.

The purposeful selection process is common among qualitative research methodologies (Hoepfl, 1997). For purposes of this study, purposeful selection was particularly useful in selecting members who would likely include narratives of hidden conflict during interviews, as I could seek respondents who had been involved in incidents that transpired on the nursing unit during my observations. (Snowball sampling was not necessary as I had access to all employees.) Further, using purposeful selection as a sampling method facilitated an accurate representation of the unit's population by ensuring the inclusion of people of various age groups, racial and cultural backgrounds, and a range of job descriptions.

Data Collection

Data for this project was collected in three stages. Phase I of the study included review of existing non-patient documents including policies, procedures, and memorandums available to employees. This process served as a frame of reference for the study, and provided important information regarding institutional modes of communication, including examination of the organizational hierarchy and expected norms on standards for professional conduct. These documents also provided a necessary perspective of the institution's handling of conflict in the workplace and facilitated the identification of the institution's emphasis on professionalism and teamwork in co-worker relationships.

Phase II of the study entailed participant and standard observations. Employee interactions on the hospital unit were observed during my work hours on the nursing unit for participant observations. These participant observations included partaking in such

things as unit activities or celebrations including holiday celebrations and birthday parties. I was working as a staff nurse in the hospital unit being researched making me both an employee and a co-worker to the study's participants. I also conducted standard observations in which I observed employee interactions on the nursing unit on days that I was not actively working. These perspectives as an emic researcher (the perspective of a social actor versus an outside observer) allowed me an insider's privileged access to information and relationships, in addition to a first hand understanding of the unit's cultural norms (Pike, 1967). An emic approach to this research allows "an analysis that reflects the viewpoint of the native informants" (Nattiez, 1990, p. 61). The methods used in this research allowed me to further define, understand, and explain the presence of hidden conflict in professional relationships in their naturally occurring context.

Participant observation of a minimum of four monthly staff meetings was originally desired, but due to the changed nature of the meetings, only one was offered during the course of the study. The remaining meetings were presented via a "virtual staff meeting" to which I had full access. This phase of the research provided more than an insider's perspective on the unit's norms; it also lent an understanding of hidden conflict as experienced by the participants, and allowed a differentiation of overt conflict from hidden conflict. Staff meetings were typically a platform for certain conflicts to be brought before the larger "public's" (the entire nursing unit) attention. This was less a time in which hidden conflict and identifying what or whom conflicts were about, and more about observing the professional relationships among nursing staff. Particular attention was paid to those conflicts affecting the nursing staff.

Outcomes of this phase included identifying and defining hidden conflict when comparing participant observations of public and private discussions of conflict. Identifying whom or what the hidden conflicts were caused by was also an important factor in this portion of the data collection. This phase also increased an understanding of the patterns of communication used when addressing conflict on the hospital unit. Finally, identifying practice variations from the institution's promotion of professionalism and teamwork was revealed when comparing the observed behavior with the governed expectations and norms found in written documents or verbalized by leadership members of the institution.

Phase III of this project included in-depth interviews with 10 registered staff nurses and 7 ancillary staff members and 3 managers/assistant directors (see Appendices C and D for the pre-interview demographic questionnaire and the interview protocol, respectively). This portion of the research entailed the elicitation of narratives from interviewees that provided a reflection of their personal experiences with conflict on the job. In particular, interview questions three and five and seven were tailored to elicit narratives on hidden conflict. Encouraging disclosure of attitudes and feelings regarding those experiences of conflict, as in interview question six, facilitated my understanding of the participants' perspectives on the conflicts and functioned as a member check.

Seeking responses that described methods of coping or actions taken in reaction to the experienced conflicts facilitated an understanding of the communicative forms and hidden conflict strategies used in the conflict experiences. These responses were also used to categorize the communicative forms and the hidden conflict strategies for the analysis of data. In addition, narrative data gave opportunity for a range between the overt and covert nature of both the conflict itself and the communication used in regard to the conflict to emerge. Finally, recognizing coping mechanisms used during hidden conflict allowed me a greater perspective on nursing coping methods and burn-out which are important for the betterment of the profession.

Outcomes from this important portion of the research included the identification of the hidden conflict present in responses, and helped me determine how the hidden conflict affects nurses' working relationships, particularly professional relationships. Finally, the interviews gave respondents a unique platform to discuss their views on the effects of hidden conflict on the care of their patients.

Interviews were audio taped and then transcribed by a professional transcriptionist using a word for word method as much as the audio tapes made possible. I then read the transcripts while listening to the audio tapes to verify accuracy. Interviews and transcriptions varied in length but averaged about one hour per interview and 25 pages per transcript.

Data Analysis

Next we examine the analytical methodology for this project. First, individual narratives were chosen by selecting stories from the interview data that reflected the major themes represented by the overall observational and interview data, addressing each of the three research questions of this project. Second, thematic trends were refined for each research question. For research question one, the dominant themes emerging as areas of concern that nursing and support staff experience in enacting hidden conflict include: ageism, sexism, racism, and cultural issues. Interview data is analyzed using a narrative analysis approach and contains the bulk of the study's data, addressing research question two. Thirdly, for research question three, the major communicative forms represented that correspond to hidden conflict strategies are: gossip, lumping it, delaying and ignoring responses, and hidden agendas with surveillance. The major hidden conflict strategies identified are: tolerance, avoidance, coalition building, accommodation, strategic alienation, and retaliation with sabotage. An overview of how each of these terms was identified in the text will be reviewed in the next section.

In addressing research question three, operational definitions were identified based on the conflict literature and were developed by me for each of the dominant themes present in the data, as listed above. This process facilitated the analysis of narratives by distinguishing the types of conflict strategies and communication forms present in the data. A textual typology is shown in table 2. This figure both names and demonstrates the communicative forms and hidden conflict strategies identified in the narratives of this research. Text excerpts are taken directly from interview and observational data and are stated verbatim or summarized for readability and clarity. While this list is not exhaustive, it provides an overview of the terms of focus in this work. It is noted that some of the definitions tend to overlap and blur into one another. However, a separation was necessary to facilitate analysis of the data. Therefore, the following table has been developed outlining the categorization of the terms as either communicative forms or hidden conflict strategies and includes the corresponding text examples from respondents of the study.

Table 2

Communicative Forms and Hidden Conflict Strategies in Text & Observations

Communicative Forms	As Identified in Text/Observations
Gossip	“Something said behind your back”
Complaining/bitching/ Venting	“She was complaining about a nurse”
Surveillance	Repeated tracking and/or reporting of behaviors often a collaborative effort
Ignoring Requests	“Not responding to me at all”
Delaying Response	“It might take me longer to answer a call light”
Hidden Agendas	Formulating a plan to achieve a publicly undisclosed goal, often through a collaborative effort
Lumping It	“I didn’t say anything in response”
Hidden Conflict Strategies	As Identified in Text/Observations
Accommodation	“I did what she asked then just let it ride and went on about my day”
Tolerance	“she helped me but her eyes rolled”
Avoidance	“I just don’t bother with that person!”
Strategic Alienation	“Ignoring me but acknowledging others”
Coalition Building	“She’s complaining about how she hates a nurse and going on and on about it” (as if to convince or persuade)
Retaliation	“Let’s get back at that PCA”
Sabotage	Taking sheets off a clean bed to create more work

Narrative Analysis

In the next section, narrative analysis methodology for this project will be addressed. Narrative analysis methodology is common in qualitative studies and is useful in understanding the meaning behind people's actions and responses (Riessman, 1993). Specific analytic tools used in making sense of the interview data from this project were taken from Bruner's (1990) narrative theory; in particular his three defining characteristics of narrative were used in analyzing them methodologically. The three qualities of narrative include narrative plot and sequence, narrative's lack of an actual "truth", and its uncanny ability to link the exceptional to the ordinary (Bruner, 1990). Each of these three qualities serves as the foundation to the analysis of narratives in research question one. All three qualities of Bruner's narrative theory are not equally salient in each story and, therefore, some aspects are emphasized more than others, allowing meaningful representation of the data to emerge. This approach facilitated an in-depth examination of each narrative without limiting their overall value. Using a consistent application of Bruner's theory to examine the narratives highlights important aspects of the respondents' experiences and leads toward a deeper understanding of the meaning behind what was said. Next, use of Bruner's theory in this project is outlined.

First, by examining narrative plot and sequence, the respondent's priorities are revealed as "meaning is given by their place in the overall configuration of the sequence as a whole—its plot," (Bruner, 1990, p. 43). Therefore, the perspective of the individual and the importance placed on the subject matter is revealed in accordance to its location within the narrative and how it relates back to the overall plot of the story. Second,

acknowledging narrative's indifference to truth allows the veracity of each person's own claim to be highlighted without being discredited. Bruner (1990) explains that narrative can "be 'real' or 'imaginary' without loss of its power as a story" (p. 44). Finally, the third narrative aspect is Bruner's (1990) claim that narrative links the exceptional to the ordinary in ways that relate to increased understanding of the incomprehensible. He states this is important because,

it has powerful means that are purpose-built for rendering the exceptional and the unusual into comprehensible form...the viability of a culture inheres in its capacity for resolving conflicts, for explicating differences and renegotiating communal meanings (p.47).

Narrative analysis using these three narrative qualities will be demonstrated in the following excerpt:

"[I] suppose that would be like the hard part of the relationship that...and if I have to ask someone to do a task or [I] delegate a thing, I'll ask them—I mean, if that's my aide—that's my aide. There's some personalities that I can get along with, but [my] feeling is, "Hey, I'm the nurse and you're my aide that's assigned to me and [I'm] delegating a task to you and it's your choice if you want to do it or not; if you know, you know, I can write you up if you [don't], that's fine...and I don't take anything personally because I've been a nurse for twelve years and I was an aide before I was a nurse, so I mean I understand how it is when you have to do, I mean, I think I did twelve or thirteen vitals every day...and I understand that there are nurses that abuse the system too, they don't use their whole resources, they rely on their own friends to get them through [like] the charge nurse or somebody like that. But I mean...I don't take it personally. If they [nurse's aides] make a comment to me, 'Well, she's just doing that because she's a nurse and trying to write me up' but you don't take it that way. I'm here for the child; I have to do some things [for] my patient."

Here a nurse is describing a situation in which relationships are at stake. The main plot is revealed as she orders the sequence of her story surrounding these

relationships. First, she describes the difficult aspect of working relationships between nurses and nurse aides, specifically regarding the delegation of tasks. The perception of each role comes to light as some nurses are described as “abusing the system” in which they avoid any potential conflict with the nursing aide by going straight to their nurse buddies to tackle issues that could have been completed with the designated nursing aide. The nurse respondent claims that an aide may not want to complete the task because s/he may feel that s/he is being threatened by a “write up”, as noted by the concluding remarks of the story. However, the nurse clarifies that she delegates because of her duty to care for the patient and family, not because of her ability to “write up” nursing aides. This claim clearly identifies her “truth” in terms of a strong identity as a nurse who advocates for her patients’ needs, no matter the circumstances. She reiterates this idea when she makes the claim that she will not hesitate to “write up” a nurse’s aide if needed. This nurse argues in a circular fashion by describing what needs to be done for the patient (delegating tasks) as the rationale for the problems facing the relationship (nursing aides don’t want to complete the task due to personality conflicts or related to pressures of being written up, and nurses who avoid any potential problem by going to other nurses for help rather than using nursing aides), and then back to restating that she will do what it takes (even a write up) to get the job done for the patient. In so doing, she makes a link of the exceptional (nurse aides not doing their role) to the ordinary (expected role of the nurse aide) by reasoning through the rationale for the relationship problems. This example analyzed all three of Bruner’s (1990) narrative theory qualities and also demonstrated the manner in which the narratives themselves will be presented.

Excerpts from the transcribed interview data were inserted into the paper in an easily readable format. In the narratives presented in this project, both for continuity and readability purposes, interviewer responses (such as “hm” or “oh”), as well as interviewer questions or prompts, were excluded from the presented text. Bracketed [] items are words inserted for readability purposes that are not actual language used by respondents. For the narrative analyses, Bruner’s (1990) three narrative qualities will be mentioned in various ways to highlight their significance in the understanding of each narrative. For example, reference to plot, sequence or order of events (often noted by statements such as “begins/opens” or “ends/closes”), reference to linking the exceptional to the ordinary, and statements regarding the “truth” of the narrative are all made in reference to Bruner’s narrative theory as demonstrated above.

Research question two increases an understanding of hidden conflict through an examination of narratives using Bruner’s narrative theory. For research questions three, thematic and content analyses are used, rather than narrative analysis, due to the scope of these questions. In research question three, narratives are presented to demonstrate the communicative forms among nurses and support staff when enacting hidden conflict strategies. Using language identified in current hidden conflict research, a categorization of communication forms present in hidden conflict strategies is presented through narrative and observational data.

Observational data (both participant and standard) are infused throughout the data analysis to enhance the meaning made from the data. Excerpts of observational data are included as appropriate to supplement and enrich narrative findings. Reference

to observational data is also used to reiterate and support claims or conclusions made throughout this project. This overall methodology offers a representation of the population being studied, and provides insight into the organization itself by shedding light on its communicative norms through an examination of its workers' interactions and stories within their appropriate context. As Riessman (1993) states, "Individuals' narratives are situated in particular interactions but also in social, cultural, and institutional discourses, which must be brought to bear to interpret them. Nor can investigators bypass difficult issues of power: Whose voice is represented in the final product? How open is the text to other readings? How are we situated in the personal narratives we collect and analyze?" (p. 61). In the next section, I examine my role in this research.

Positioning the Self

As an emic researcher, the insider's perspective provided me with many unique opportunities and posed interesting challenges. In this section I will first discuss implications of being a co-worker to the participants. Second, I will demonstrate the importance of the access I was granted as researcher-worker. And finally, I will express the personal challenges I worked through in the process of making sense of my experiences as a researcher-worker.

As co-worker to my participants, and a Caucasian in my late twenties, I demanded a high level of respect from myself in my interactions with participants during our working hours. This included being cognizant of my race and positions within the organization and their influence on the data I collected and interpreted. (At the

beginning of the project I worked as a registered nurse on the unit being studied and conducted participant observations at that time. Later I was promoted to an informal leadership role on a different nursing unit and therefore conducted standard, non-participant observations on the nursing unit but no longer conducted participant observations). I further respected my co-workers by honoring personal accounts that participants shared with me in that only work-related material was included as research for this study. Things of a personal-life nature were not included in the study as observational data.

I was careful to observe the relational interactions between other staff without intervening in the event myself, unless of course the event involved me, which did happen from time to time. As a nurse, my primary participatory and observational focus was on the nursing staff and their professional relationships among one another. My secondary focus was on the nursing staff's interactions with ancillary staff. Being a co-worker with the participants of the study, many of whom I considered friends, placed an added burden of accuracy on my perceptions of interactions. Clarification of incidents or comments made by participants was frequently a method of member checking I used when appropriate to the situation in order to decrease the likelihood of my misinterpretation of the interaction or comment during observational data collection.

Pre-existing relationships between the participants and me granted me a background of experiences and knowledge that took years to accumulate. As an insider I had the full benefit of experience and submersion in the environment and among the participants. This advantage allowed me to be privy to inside information including the

routines, norms, rituals, and relationships among staff. This project presented me with opportunities to both participate and sit back for observation of behavior and communicative patterns. The variance in my level of participation offered me changes in perspective, switching from a participant actively engaging in the study to researcher observing a study.

As these competing levels of participation and interpretation often caused dynamic internal tensions for me, I kept a journal to log my reactions to observation and participation data in an effort to clarify my role as researcher-worker. This journal served less as a collection of research data and more as a format for making sense of the unique position in which I was located. Keeping this personal journal with reflections helped me work through and balance the sometimes challenging issues I faced being in my research. As I reflect on this journal, it was here that much of the sense-making took place for my work, providing me an open and free format for expression and thought. In essence, this journal became *my* narrative containing accuracy but not necessarily “truth.”

CHAPTER IV

RESULTS

Research questions from this study led to results showing that communication among nurses and support staff in the midst of hidden conflict is highly dependent of their positions within the organization. Results further reveal that personal positioning within the organizational hierarchy resultantly influences the individuals' personal identities while working in the constraints of the organization. Therefore, the findings of this study are highly reflective of the sociological makeup of personal identities. To represent these findings, results of this thesis are presented in the following format: first, an overview of participant observations and standard observations provide background to the project and set the scene of the research. Second, interview data—namely conflict narratives, are analyzed by application of Bruner's narrative theory, according to research question two, while investigating research question one, and results of research question three are addressed. Finally, this data is summarized and discussed leading to the conclusions of this research.

Observational Data: The Culture of the Unit

Formal gatherings for employees of this unit were limited to a monthly staff meeting which was usually led by managers, the education coordinator and/or the Assistant Director of the nursing unit. Contents of the meeting included updates on the current events and issues that affect the staff or patient population they care for. Announcements, rewards and recognition were also included in these sessions, however, in the past year, the format of the meeting was drastically changed. In an effort to

accommodate busy schedules and the difficulty of adequately covering patient care when all staff were expected to attend an hour long meeting, the leadership team moved to a modern meeting format. A “virtual” staff meeting was developed by which staff “attended” by checking their e-mail and opening up a power point presentation. This presentation contained the meeting content for the month in a readable fashion. This format changed the interaction of staff with leadership in an extreme way further emphasizing the hierarchical differences between organizational members. There was no longer a platform for staff to verbalize feedback or raise questions. This change shifted communication toward an almost solely top-down fashion. [It is interesting that the general administrative expectation was that all staff were able to access, open, read, and understand the virtual meeting. In reality, my participant observations revealed that one of the employees who spoke limited English could barely type on the computer or operate a mouse for navigating on the computer, let alone open, read or send e-mail.] While e-mail access is made available to all employees, this format puts the technologically disadvantaged and non-English readers at a disproportionate disadvantage over English speaking/reading employees even more than before the virtual meetings were implemented.

E-mail is an interesting phenomenon in this organization and has important implications in the hidden conflict dealt with on the nursing unit. It is a mode of communication that is not seen by all staff, only by those persons who are included in the e-mailing. The limited access to personal e-mail makes it an informal, semi-hidden means of communication between staff and/or leadership team members. This mode of

communication became one of the only formats employees had to communicate with a member of the leadership team. If an employee does not know how to properly use e-mail, they lose access to one of the only means of communication offered to them within this nursing unit, due to the lack of actual staff meetings.

Semi-formal gatherings of the nursing unit have important organizational culture implications. The “morning meeting” was a daily occurrence led by the day shift charge nurse (a nurse who does not take a patient assignment but who orchestrates the nursing care for the entire shift and prepares staffing for the oncoming shift—they are informal leaders) held in the staff conference room. This meeting provided the charge nurse an opportunity to receive an update on staffing needs, patient status, and any other items of importance as all staff were expected to attend. A small “report” was given by each nurse about his or her patients, including information indicating patients expected to be discharged from the hospital, patients going for procedures, any patient with deteriorating health, and important information on the status of any patient/family issues such as social problems, transportation issues, referral needs, etc.

The morning meeting was also a time where gossip proliferated, and people discussed activities of the weekend, the people they had spent time with, et cetera. They discussed the good, bad, and ugly; interestingly, the majority of this talking was done by the nurses who dominated the conversations and rarely permitted anyone else to talk. At the beginning of the meeting while folks were trickling in, the gossip usually continued, most often initiated by a couple of nurses, sipping their coffee, waiting for the meeting to start. Gossip was frequently orchestrated by the charge nurse, depending on who was

“charging” for the shift. Some nurses would discuss their personal issues at length, and a few in particular were notorious for having outlandishly inappropriate stories that others fed into. Often the gossip (including, at times the gross details) would continue on until the start of the meeting. The originally “private” discussion of gossip between a select few easily became a public display for all attending employees.

Frequently people trickled in late to the meeting, and many left early (particularly PCAs). Some staff rarely attended the morning meeting. A few PCAs told me on different occasions that they found the time “useless.” They further verbalized to me their frustration with the inappropriateness of the stories that were shared by nurses and the resulting delay in the meeting these stories often caused. One senior nurse in particular rarely attended the meeting in an effort to “stay out of the gossip and keep out of trouble.” This nurse usually did not attend the meeting except to do what was necessary in updating the charge nurse on her patients. Once she had completed that task, she would promptly leave. Nurses and charge nurses were rarely contested in their storytelling and gossip-filled discussions. Lack of confrontation in this informal setting was quite common and not surprising, considering the power differentials between the charge nurse, nurses and the support staff. There were clearly demarcated lines between who had the authority to speak freely without repercussions and who did not.

The nonverbal norms of the meeting further demonstrate the power inequalities between nurses and support staff. Nurses routinely sat at the center meeting table near the charge nurse, while PCAs and housekeepers sat in chairs along the back wall. Nurses were always given priority by the charge nurse to speak first, then PCAs would

discuss the patient rooms they had for the shift, and finally housekeepers would state the rooms they were in charge of cleaning. It was not uncommon to find PCAs drifting off to sleep while waiting their turn during the meeting as nurses gave their reports.

Social events such as birthdays, wedding or baby showers, and holidays were usually celebrated with meals. These rituals generally transpired with staff congregating in the conference room which was temporarily transformed into an “outside of work” social environment. However, the norms of these events continued to highlight the distinct social structure of the nursing unit. It was interesting to note who participated in these events and in what fashion. It was a fairly common scene to see PCAs take a plate of food and go to a different break area to eat, rather than sit with the nurses. One incident that stood out during my participant observations was a heated discussion among PCAs that later found its way to nursing staff regarding a housekeeper; though she was expecting a baby, no shower had been thrown for her. A PCA once firmly stated to me “That’s not fair! Why would people throw a shower for these other nurses and no one throw one for this lady?” It became clear that there were distinct social lines that nurses and PCAs rarely crossed in order to associate with one another, and that there were clear expectations for following the unit’s rituals, but the social norms did not allow for the rituals to apply to all staff. When the rituals and social world collided, a violation occurred that was noticed and verbalized. Fairness regarding social events at work was a topic for some, and small talk surrounding this subject generally entailed nurses complaining that “PCAs never contribute, but always partake” (such as providing food or organization of events) and PCAs complaining that things were not done equally

for all team members. (Such as the incident that was raised regarding the Caucasian nurse who was given a baby shower and an African-American housekeeper who was not.) This theme of inequity surfaced in multiple ways and will be further explored in the narrative analysis.

In the next section, exemplary narratives are presented and analyzed. Names have been changed to protect identities of respondents. Throughout the analysis, interjections of participant and standard observations are offered to support and enrich findings. Studying hidden conflict through narrative brings to the surface much of society's deeply suppressed and ingrained social problems. Allowing people to describe experiences riddled with hidden conflict provided a platform for addressing issues in society that are felt more often than they are verbalized on a day-to-day basis. Matters such as ageism, sexism, racism---these are societal problems that naturally surface within the workplace (Clair, 1994). "As new groups enter the work force and move up in organizations, conflicts rooted in class, gender, race, and ethnicity have become more prominent," state Kolb & Putnam (1992 p. 9). These issues are about battles for power, respect, opportunity, and understanding. These are the lives of health care workers.

Narratives and Narrative Analysis

Social Identity in the Organization & Hidden Conflict

RQ 1: What are the topics and areas of concern that nursing and support staff experience in enacting hidden conflict?

RQ 2: In what ways does Bruner's narrative theory inform the study of hidden conflict?

Narratives in this section reveal a strong sense of social identity, which as Kolb and Putnam (1992) note, become areas for “social conflicts concerning race, gender, class, status, and individualism, among others, are acted out on the organizational stage,” (p.14) . While identity is inclusive of the person and his or her life experiences as a whole, themes of social identity as mentioned above are extracted from the interview data for a more in-depth focus on their impact on the individual within the organization. As social identities were revealed in their talk, they demonstrated the delineation between staff within the organization as seen in four major categories: age, gender, race, and culture. While an extensive literature review of these identity aspects is beyond the scope of this current project, findings of this research show a relationship between the different levels of nursing and support staff in the hierarchy and the personal identities they enact within the organization as they experience hidden conflict. These four major categories will be explored in the details of participant narratives using Bruner’s narrative theory for analysis.

Age

Ann RN: I thought I was just the step-sister...I feel like that ‘cause it seems, you know, maybe I’m just insecure...maybe it’s just myself, you know. I’m going to be [here] five years now!—But then there’s no assignment for me. So sometimes I feel sorry for myself ‘cause the new staff, the newly graduated staff, they are already precepting [orienting new employees], but for me, I’ve been in here going to be five years and I’ve been an old nurse, you know, so why don’t [they] trust [me] in these things? So I want to share my knowledge to them too!

Ann’s narrative starts with a strong statement about her view on her position in the nursing unit. She is a “step-sister” and therefore not a legitimate part of the organization and its privileges. The plot of this scene is her search for meaning in why

she is left out of the “new staff/newly graduated staff” benefits. Ann is trying to make sense of what is taking place: her perception is that what is currently an exceptional occurrence on the nursing unit (an older nurse precepting before a younger nurse) should be a commonplace practice. However, the truth in which she lives has boundaries that do not allow her to perform the responsibilities of which she deems herself capable. She is torn between her claimed identity (she is capable to “share her knowledge” with newly hired staff) and the competing norms imposed upon her by the nursing unit (only “newly graduated staff” are privileged to precept). She demonstrates this tension as she connects the plot she is in with the feelings she has about her current situation. In the end she claims a belief that has the potential to open up new possibilities for her. In effect, she is “envisioning alternatives” as Bruner (1990) defines as the possibility of conceiving an alternative to the current reality.

While Ann has a sense of confidence in her knowledge and capabilities as a nurse, her narrator’s agency contrasts greatly to that of her superior’s. Candice, one of the “new, young nurses,” has a management position and offers no apologies for her achievements. She describes her work as a new manager and at the end of that story she commented, “I’ve done my time, I feel, you know...I’ve made a lot of sacrifices to get to this point” even though she admits having only five years of experience as a registered nurse.

Candice RN/Manager: A lot of the nurses have been nurses for twenty, thirty years, they’ve been here [at the organization] fifteen years, which is a lot longer—I’ve only been here, and only a nurse for five years, so, you know, that has been kind of, you know, a little wall that I’ve had to jump over, but you know, it’s been nice. And I think, I think that I’m a little bit refreshing to them also, so that, you know, they are like, ‘Oh, I

can do that?' I'm like, "Yes, you can do that." There's other things you can do to get involved besides, you know getting on a committee and things like that, 'cause they're not interested in things like that, you know, but I've given them different avenues to go down as far as building their professionalism. They have a wealth of knowledge, they've been nurses for several years, they can mentor these younger nurses that are coming on.

Candice clearly takes the role of the protagonist early in the narrative, reflecting on her ability to fight against all odds to achieve her goals. Interestingly, in achieving success, some of her obstacles seem to be the older, more experienced nurses. Her plot is clearly consistent with that of a heroine's. She has conquered the villain (the "wall" of overseeing more experienced nurses) to become a "breath of fresh air" that brings professionalism to her employees. Candice has claimed this identity without reservation. In the same breath, she recognizes the value that the older nurses bring to nursing in that they can mentor the younger nurses. Evidently "truths" are seen very differently by the manager and the employee, and five years within the organization can bring very opposite understandings and experiences of being a valued employee. Another "older" nurse describes her difficulty in relationships with the younger nurses.

Felicity RN: Sometimes it was quite serious. Employees [were] trying to belittle each other or to put down others. I was trying to figure it out. Was it because of race or was it because of age or race? What is the difference? So it was difficult, yea. I was trying to figure it out. So it was like [being] beaten down trying to just discredit it [quality of work] most of the time...I don't have a problem with the PCAs but with the *nurses*. The thing on this unit is...nurses are divided up into certain groups, I feel like you have to...if you don't fit into their group in any way, so you are considered an outsider. That's how I felt, you are considered like an outsider. It reminded me of high school...

Felicity's story demonstrates that she had conflicting ideas of what plot was unfolding in her experiences with the "younger nurses" that she worked with. It was not

altogether clear to her if the problems she experienced (which she generalized rather than personalized, perhaps in self-protection) were based on differences of age or race. It is clear that the combination of both these differences (as a middle aged African) made an impact on her work as a nurse in this organization. She refers to her work as being scrutinized and “discredited.” Both of these findings are congruent with Yoder & Aniakudo’s (1997) findings among African-American female firefighters. Participants reported being marginalized, and their work scrutinized because they were female and African-American. Not until the end of this story does she conclude that she was experiencing these things due to her being an outsider. This experience reflects back to a time in which this behavior was a common experience---high school. Evidently it was quite shocking to her to discover this same childish behavior taking place in a workplace full of adult professionals. She has linked the exceptional to the ordinary.

Another middle-aged nurse further demonstrated the divide between the “older” and “younger” nurses when she stated, “The hardest thing there when you don’t get any support from somebody. Favoritism--I don’t want to call it that but that’s what it feels like. Some get to do things others do not, like [extra projects]. Young nurses get more opportunity than those that have worked here a long time.” These narratives collectively give insight into the social norms of who is valued within the institution (and who is not valued), and highlights how different truths are simultaneously lived out on the nursing unit.

Each of these stories demonstrates a unique look at age in the workplace through a hidden conflict experienced by the individual. Candice faces challenges strongly as she

fearlessly leads a group of nurses older and more experienced than she to a greater level of professionalism in nursing. However, she does not translate these challenges or struggles as an insecurity in her sense of value to the nursing unit or organization as do her counterparts. In her role as a manager, this makes sense in that she would have less conflict surrounding opportunities for increased responsibility or feelings of being devalued than the other respondents due to her position of authority in the organization (regardless of her age or race). However, identity surrounding age for the “older” nurses seem directly linked to a sense of insecurity about their value as members of the nursing unit. Ann and Felicity have insecurities or reservations about working with a younger group of nurses because they are being left out of the group and therefore left out of opportunities. However, they both demonstrate a strong sense of confidence in their years as nursing professionals that stems from their age. They seem to take offense that they are in some manner considered out of the favored group, or worse, that they are not even considered at all. Their social identity is in direct conflict with their professional identity.

Observation and interview data revealed that young, white females were the predominant “group” given opportunities for increased responsibilities on the nursing unit (including becoming a preceptor, charge nurse or taking on special projects). Since previous narrative respondents were all female, we will now examine the view of the minority sex in the nursing profession, and learn of the hidden conflicts facing this population. Views on the predominantly female profession will also be reviewed from various perspectives.

Gender

Mark PCA: It's very odd, you know, a lot of people told me, like how I'm a male and how it's kind of awkward...because a lot of males are just kind of come and gone on this ward [nursing unit]. Maybe like kind of put through the test a little too much sometimes, you know what I mean? That you know...so I feel really good, it's a very good environment, everyone is really nice and supportive...I guess because there have been...a couple of male nurses and male staff; *very few*, you know...it was brought to my attention in conversations, you know, that I like...some of the women, you know, sometimes would be tough on guys here and then the other guys don't wanna stick around and then they'll go on, or pick at them until...I've never really felt singled out because of my sex. I did when I first came here. It was very intimidating. I was intimidated because, you know, I'm a nursing student and these are nurses...you already feel kind of inferior. I didn't feel good to be grilled on your personality; it's scary. And then by all women to know that I was coming into a forum, you know, female environment...but I definitely see if I didn't have maybe the easiest going personality...if I was kind of a jerk towards women at some point...definitely see how I would be singled out immediately. And you know a lot of people have said, "We may need some muscles around here," or something like that, you know, and I really haven't been like abused for that purpose, you know what I mean?

Mark begins his story with reference to things he has heard about being a male in a dominantly female profession. His narrative has incongruities as he first denies that he has been discriminated against because of his gender and right afterward states that he did feel singled out because of his gender when he first worked in the nursing unit. He felt intimidated and inferior, partially due to his student status (and likely his PCA status as well), and partially due to his personality being "grilled." It is almost as if a rite of passage took place in which he was examined by the female nurses and deemed as worthy (or not) of their work, and at long last was allowed into their social world of caring for the ill. This finding is congruent with Clair's (1994) study of a male nursing assistant who reported an "old girl type network...you had to pass the muster," (p. 243).

However, Mark admits that his story could have just as easily been different had he been less willing to go along with their rules (if he had “had a difficult personality” and had “been a jerk toward women”); he would have been singled out immediately. Clair (1994) also claims the notion that a female-dominated work group may pressure males to leave that workgroup.

At the conclusion of his story, he mentions that abuse has to this point been avoided, in that he has not been merely valued for his muscles, but he acknowledges that the potential for this abuse exists. It is interesting to note that I myself have used statements similar to this sentiment in the past, emphasizing the need for male “brawn” in the nursing setting. Valuing male nurses for their physical strength cuts short the true contributions of the male nurse and perpetuates the cycle of sexual stereotypes so often found in nursing.

Alan RN: There are two male nurses up here and we obviously have something in common, we get along great. And even if we don’t because we are males, we make up real quick you know—we basically patch up things and then [don’t] think twice about it, but I do believe that women tend to hold...I found out that I ticked off some nurse up here, a female nurse like three months ago and I never knew it, you know...it’s very different...very different than the world with men. The world with women is very difficult, difficult world...in my next job I will not choose to work with women anymore. I won’t. It’s kind of to my advantage sometimes, maybe when you first start, but after a while it’s not to my advantage...I used to exploit them a lot more you know, get free food. I’m serious, stuff like that. But now I just...I don’t know...now it’s negative. I rather just work with mostly men.

Alan juxtaposes his views on how women and men manage conflict differently based on the fact that they *are* men or women. He has very distinct notions of gendered identity and discloses these attitudes as he tells his story which begins by highlighting his

common bond with a fellow male co-worker and ends by reaffirming the difference between women and men, the rationale for his desire to work in an environment that is free of women. His “truth” is that there are innate differences between the way men and women handle conflict. He concludes that he would prefer not to encounter or deal with women at all in the work place. This is emphasized in the examples he gives describing the approach to conflict between himself and his male counterpart and the female nurse who he was unaware was upset at him. Alan can negotiate with a male with ease—get in a conflict and reconcile quickly without thinking twice about it. On the other hand, a female negotiation is out of his gendered experience and is therefore threatening, in that a female will hold a grudge unbeknownst to him and make his life difficult. This exceptional experience of a begrudged female has forged his belief that this must be an ordinary occurrence among females in general, and therefore, he must get out of the female work environment to protect his gendered identity. He would prefer a work environment in which his beliefs are not challenged.

Jackie Secretary: This particular charge nurse, he has done other things to other PCAs at night and the PCA reported it...It was a...I would say a sexual incidence where he...I was told that he put her head in his crotch area and it was reported...but he's still on the floor. So I don't know if they believed this PCA or not. But from her, she said he did that. Other people said that he did that.. And if he was disciplined in the way that he should have been, I don't know. And also this charge nurse is also he has been...the way he touch women and it could be perceived as sexual harassment, the way he, you know, it's ok to give a hug, but when you hug me and you rubbing on the side of where my boob is and where the case it may be...I think that's sexual harassment. I mean that's ok to hug me, but is the way that you hug. And he's still on the floor! Still on the floor. When I head home I just say...I say I'm gonna pray for him and move on.

Sexual harassment is a real threat in any job. Clair (1994) states, “Affecting both men and women, sexual harassment is so pervasive that it can be considered ‘normalized’ in our society,” (p. 236). In telling her story, Jackie focuses on a male nurse who is inappropriate with female workers in a reflection filled with passionate abhorrence to the acts that are permissible on the nursing unit. Her understanding seems to be that somehow being male has afforded this nurse a free pass to inappropriate behaviors seemingly without consequence. Her belief is that this sexual harassment is being allowed to continue because this nurse is “still on the floor” working. While she is very upset about this issue, it is as if she cannot be the hero of this story, and can only allow the plot to unfold without interference. She instead will choose to “pray for him and move on.” This double standard of experiencing what she herself calls sexual harassment and not reporting it is interesting, and seems to be congruent with previous research findings (Clair, 1994). Perhaps it is related to her position in the hierarchy, as a secretary, based on a belief that her voice may not be heard or valued. She described the serious situation experienced by another female without authority (the PCA) who did go to management, but it is unknown if the PCA was believed and if any punishment was awarded to the offender. Perhaps a voice is of no consequence in the plot she is living out as a secretary.

The two male responses were quite different from one another. Mark told of his fears related to the things he had heard regarding working with an all female population; in his experience he had much less confrontational conflict related to his gender. Alan admitted that he takes “advantage” of his position as a male in a dominantly female work

group, but stated that the pressures of working with a population who holds grudges makes for a “difficult, difficult world” and is not one in which he will choose to work in again. Jackie is trying to make sense of the fact that a nurse who has been sexually harassing others is allowed to continue working on the nursing unit. These narratives reveal that the hidden conflicts existing between the sexes are present in the daily life of the health care worker. They further demonstrate that experiences are both expressed and interpreted very differently from one another. Each individual creates and reflects on a truth from within their story. Being both very real and very valid; they struggle to maintain their identities.

Several female respondents made simple statements during interviews such as “Working with women is hard.” And, there is a lot of “cattiness and groups” or “it’s hard for women to separate work life from personal life” which demonstrates the reification of a gendered profession (Clair, 1994). These are some of the impressions and stereotypes facing the sexes in a profession that is struggling to diversify in its sexual representation. With its long history of being subservient to a predominantly male physician group (Clair, 1994), and the nature of the work being characterized as “virtuous” (and therefore women’s work), change is slow and stereotypes of nursing as female profession have slowed the progression of diversification (Gordon & Nelson, 2005).

Another major issue facing the nursing profession is the diversification of racial and ethnic groups providing care. The following section focuses on the hidden conflicts as revealed in narrative to have either a blatant or subtle reflection of racial issues in the workplace.

Race

Felicity RN: I try to get along with everybody, but [it] came to a point where it seems like if you were not in that group or something you were just singled out. You are ostracized. They will give you the worst cases and patients. Because that's how I felt...It's not that much now, but I think that's how I felt that I was always given the worst assignments, the worst patients...when I really felt that, I went and talked to the manager about it. She...at first I thought it was discrimination, so that's how I pictured it...Then um, it wasn't discrimination, and—it didn't come up with like, just a group of people...I think our manager listens when people talk to her, I mean, our director.—So I feel that she listens, so that's why I say that it's changed because now I feel like I have somebody because—I feel very more supported now.—Well, I think like, what I was really asking for is that if everybody could try to treat equally. Like, because if everybody is the same, I think. I mean to me, I know that everybody is the same, so why can't we treat each other equally?

Felicity's identity as someone who gets along with others and seeks equality for all organizational members is upheld throughout her narrative. She begins her story by claiming that she makes an effort to “get along with everybody,” and she reaffirms this claim at the very end of her story when she solicits equal treatment of everyone. Felicity expresses turmoil over her unfair treatment and rejection from “the group.” In her situation, she attributes the problem of her ostracized position to discrimination, but after a discussion with her Caucasian boss, it is determined that it is *not* discrimination.* The decision seems very abrupt and detached from her experience as she described it. Are these issues of race and discrimination? Blatant evidence is not present in this story, but then again, racism and discrimination are often silent ills that manifest great social

*As an insider, in conversation I was told by two different charge nurses (one African and one Caucasian) on different occasions that Felicity was frequently assigned difficult patient assignments on purpose (i.e. if all the other nurses had 5 patients, she would be the only nurse given 6). Their rationale was not blatantly regarding race (which would be socially unacceptable to say aloud and rather ironic coming from an African nurse), but rather statements about Felicity being difficult and a frequent complainer were mentioned. One charge nurse (African male) told me that because I was a hard worker and did not complain, I would consistently get an easier assignment from him.

problems as they progress largely uncontested in the professional world; thus institutional racism survives. The hidden conflict described by Felicity is an example of the difficulty a minority may have in making sense of feelings and experiences that seem contradictory. Further problematic is the burden of working *in* a system toward an agreeable understanding of discrimination with a boss, and even more so, in reaching a fair and agreeable conclusion in the situation. Although she stated things have improved and that she is more supported now that a member of the leadership team is listening to her, her facial expressions and tone of voice during our interview did not convince me that she is totally satisfied with the conclusion of the story she presented. As a Caucasian in a semi-leadership role, I was quite possibly perceived as a part of the system she was trapped in, and therefore she may have told me what she thought I wanted to hear—that the problem had been resolved.

The next story is told by a male nurse who has a unique perspective on race in the workplace.

Alan RN: There's this huge problem on dayshift. I have mentioned it to management and I have no problem stating it, I mean, basically you have...there's a group of older African-American women in their forty to sixties who are being managed directly by a group of Caucasian women in their twenties in the South. We are seeing a tremendous problem with it. They never should have hired a mix like that. As far as management hiring them, I don't think they can look at the big picture that way. So I think you set yourself up for immediate problems. And because of that I think on the part of the PCA on the dayshift, they're looking to find something wrong. I find them to be...I don't find them to go that extra step; I've worked with them here on occasion before a few times. So yea, I mean, but on the nightshift its pretty dang good, we've got really lucky, I think its really good people.

Alan starts with a bold claim that the relationship between nurses and PCAs is directly related to race relations in the South. This clash of races is a “problem” that he has observed (and many other participants mentioned as well) and even experienced some on the day shift. Interestingly, his willingness to bring this “huge problem” to the attention of management, despite his later claim that they can’t understand the rationale for “not hiring a mix like that” demonstrates his claim to a strong social identity. He seems to believe that his views are absolute and his cognition is at a level higher than those who oversee his job. His narrative’s truth is in upholding his identity while describing a problem that is somewhat distant from his work, but affects members of the dayshift.

It is interesting that during interviews and observations, only minority groups used words such as “fair” and “equality” to describe the problems they faced in their stories, which demonstrates that the burden of racism is placed on persons of color to prove its presence. States Lorde (1992), “Whenever the need for some pretense of communication arises, those who profit from our oppression call upon us to share our knowledge with them. In other words, it is the responsibility of the oppressed to teach the oppressors their mistakes,” (p. 496). For the dominant race or culture, there is generally little need to look at “fair or “equality” as society has been set up for their privilege. Even Alan who recognizes a problem between races on the day shift makes no mention of fairness or inequality, but rather uses the story to demonstrate his strong sense of identity. In fact, he focuses on the fact that he finds that they do not “go that extra step” but rather stir up trouble by “looking to find something wrong”. The

majority of non-minorities did not express or mention inequality or “unfairness” in their expression of day to day experiences on the nursing unit—at least in regard to opportunity or treatment by others, particularly leaders. The inequalities of society seep into the behavior of members in the nursing unit, and PCAs have a silent revolt in their interactions with nurses. Nurses continue the cycle in their response to the PCAs (and inaction to support the building of professional working relationships among the RNs and PCAs).

During one of my participant observations of the “morning meeting,” an African-American PCA made an interesting remark after a small discussion around delegation of duties by RNs to PCAs. She stated very heatedly, “All they want is for us to say ‘yes-sir’ and ‘nau-sir’ and that’s it.” It was clear that she was referring to feeling as if she were being told what to do without any regard for her own identity as a person. She verbalized with the tone of her voice and her adamant position that she would not stand for this kind of treatment; that she would not be seen as merely a worker but as an individual. She would not be reduced to feeling as if she were receiving commands as a slave would from her owner.

There was also a consistent trend among PCA and other support staff interviews from dayshift that alluded to the fact that management did not pay attention to them (in a personal fashion), but rather focused on them only when problems or issues arose. An example is a statement made by Shawndra, an African-American PCA in her late 30’s who commented on her relationship with a Caucasian manager, “At first she just had this

like she didn't care attitude...years went by, she walk right there and she would not even say nothing..."

Racism is such an ingrained, institutionalized and, insidious problem that it is difficult to obtain stories from participants that are reflective of incidents because it is not socially acceptable to speak of such things,* and because many of the social problems are hidden deeply within the accepted norms and practices of an organization. Even in the space of a private interview there were only two respondents who told fairly clear-cut stories of race issues/problems and discrimination, and only one of these was a minority.

Most of the data for this category was "felt" or observed more than it was spoken of. Thus, racism is an excellent example of how hidden conflict is lived out in the organization. The understood standard of being "politically correct" has made it difficult to describe feelings or observations in a non-threatening way. Comments from two Caucasian leadership team members during interview sessions serve as examples of this.

"For the most part, we rarely have that outbreak of friction. And when we do, it's rarely over a patient care issue. It's more of a social positioning kind of issue." "The interpretation of respect is different for a nurse and PCA." "They [PCAs] feel like they're treated like a child and not respected...they feel disrespected...and I think that too...this has a lot to do with the culture too because they, in fact, all of dayshift...is it all? Wow, is African-American! And so that has a lot to do with it too.—When we've

*It is noted that racism is a difficult subject to speak with an open dialogue among the races, and therefore likely to be even more difficult and unlikely for a minority respondent to speak to a Caucasian interviewer in a position of semi-authority.

had parties and stuff the PCAs would come in, fix a plate [of food], go and put it in to the lunch room and stuff and the RN's would come and sit down..." She continues, "RN's would all take chairs up to the front, PCAs would take them to the back wall...they wouldn't sit there and eat with them, I mean, they'll wait, wait until later and eat their food and they wouldn't eat with you...so that part is always really interesting. Yea, why don't they bond properly?"

The next section will address identity issues surrounding cultural matters within the workplace. Narratives were selected to demonstrate the many diverse needs and considerations for persons from cultures other than the dominant American tradition.

Culture and Ethnicity

Mike PCA: And there's a lot of different ethnic groups of people that work here, you know. I've never worked with people from the Philippines, and Africa, and Mexico, and all over the world and so you know, you have these different cultures that are intermingling...some of these culture[s]...they're loud, and some of these cultures are really quiet. You know, and some of these cultures are really [named state in which study conducted] and some of these cultures are really not [named state in which study conducted]. And so you have those cultures that are making huge influences and you gotta be conscious of that this person that you're working with may not be, you know, may not even relate and may not believe the same way you believe. There are different religious groups, there are different social group[s] and you have to keep that in mind. You can't just go to everybody as a white person that grew up in [named state], you know? Just being insensitive, and being culturally insensitive—that's a big deal.

Mike demonstrates a clear understanding of the need for cultural understanding in the workplace. He claims that the identity of a white person growing up in a home state does not possess the only way of being, believing or understanding. Things of an ordinary nature to him may not be of an ordinary nature to others from differing cultures.

He progresses from identifying different cultures, to describing some of the traits of those cultures (quiet versus loud and different religions), to concluding that being culturally sensitive is an important role in the working relationships among staff. This level of insight was uncommon among the majority of Caucasian interviewees. The next interview narrative depicts another side to the cultural issue: a non-dominant cultural member facing the dominant culture present in management.

Ann RN: Management and the leadership...you need to tell them, you need to go with them to present yourself, "Hey! I like to be like this [take on more responsibilities]." So there are some people who don't...who are not very, you know, very good in presenting themselves. So, but they are very, very, glad if they are invited to do these things, to do this responsibility...It is a cultural thing. It's their culture that they don't want to present themselves 'cause they are...some with their culture is somewhat like, humble thing. But if you will give them responsibilities, they will do their best, you know. I'm very sure they are very responsible, but the thing is that's the only...I don't know why that administration is like that, you know...I even talked to administration and they said, "They need to volunteer." But that's not...you know, it's not good 'cause there are some people who don't want to volunteer, you know. But they are ready for that if it's intended for them that they need to step up like that... it should be offered to them...Oh, I wish they can...be fair to everyone. You know, even you're Black, White, Oriental, or you're a slow learner or you're fast learner, whatever, 'cause you're professional!—But if the management will just be contented with their favorite nurses and these things...what about the rest who are just so quiet and shy away? There's no progress for them...So I talked to [leadership team member], I said, "The culture is really a big deal to the person, 'cause in our place we are not really, you know trying to strive for power or whatever." So she said, "Oh really? But here you need to speak up." So I, well...that's a different story.

Ann's narrative makes evident the conflict of cultures between her and the management team. She opens by referring to statements made by the leaders of the nursing unit, and closes with the same. The positioning of these statements emphasizes the importance of the impact the interaction had on her. Throughout her narrative, she is

explaining and justifying her culture's behaviors as legitimate. Unfortunately, while Ann tries to teach her manager the importance of recognizing the differences that culture makes for the employee wishing to demonstrate and increase in professional responsibilities, she is told that "Here you need to speak up," whether that is her culture or not. Her identity and her intelligence are marginalized and labeled as not the correct way to capture management's favor in advancing with responsibilities and professional development. The next narrative reveals a Caucasian male who is losing patience with "other" cultures.

Alan RN: I typically get along with them really well although they're...I think sometimes is just this total gap between east/west divide that's difficult...[a] cultural gap, it's really big, and then, of course, some Nigerian nurses and I find that to be...from a different planet—I think there's a lot of conflict related to...cultures. [There is] this huge issue because you have so many different cultures and sometimes...I don't care how hard you work...when I first got here, I tried to be a real understanding guy, you know...so I tried to be real understanding and all that, but I get older and get more cranky and, you know, I guess I bring up my inner redneck. But I do get irritated with how we have to adapt to everybody else's culture, you know....

Alan begins his story by claiming that he gets along with other cultures, which is clearly contradicted throughout the rest of his narrative. He has moved from trying to be understanding of different cultures to being tired and frustrated with having to be culturally competent. He is getting older and crankier, bringing out his "inner" redneck (which appears to now be showing as an "outer" redneck). The once exceptional experience of dealing with a non-dominant culture is now becoming a common occurrence and he is tired of adapting. His cultural identity is being confronted by the

growing presence of other cultures, and he is not willing to be flexible or understanding any longer.

These stories have clearly demonstrated the complexity of culture in the workplace. Strong senses of identity are claimed throughout the narratives and an obvious need for cultural understanding in the workplace is evidenced by the experiences and observations shared by these individuals. With globalization becoming more a reality, cultural awareness is important for success in the modern organization. These stories suggest that cultural training is not included for employees or leaders but competence is expected. There is also a depiction of an environment with very diverse groups of people who are expected to automatically understand, respect, and get along with one another. The dominant culture overshadows all others and causes tension for individuals of non-dominant cultures as they are pulled between their social identity and that of the organization. This tension affects the organizational experience of each of its members and has particularly devastating consequences for those organizational members in the non-dominant culture of the organization. It becomes understandable how the cycle of dominant culture continues: persons in the dominant group make the decisions and the rules for opportunities and advancement. Persons in the non-dominant culture do not let go of their own personal cultural background, and therefore do not advance. This keeps leadership in a fairly homogenous and uncontested state of control. Folks like them are valued and therefore more frequently hired and promoted than persons in an “other” group.

Daily interactions among members of the nursing unit are characterized by distinct communicative behaviors. Both interview and observational data revealed distinct communicative tendencies among staff experiencing hidden conflict. In the next section, the focus will be shifted toward these communicative trends and the hidden conflicts associated with them among staff experiencing hidden conflict.

How Hidden Conflict Is Enacted Through Communication

RQ 3: What types of strategies characterize the ways that hidden conflicts occur and what forms of communication characterize the way these strategies are conveyed?

The following narratives depict the communication tendencies of staff in the nursing unit. The most consistently observed hidden conflict strategy was avoidance, and the most commonly occurring communicative form was gossip. One major incidence of sabotage and retaliation was revealed in interview data and is reported at the end of this section. (This incident was also supported in participant and standard observational data.) Other minor incidents were mentioned by participants, verifying the presence of sabotage and retaliation as hidden conflict strategies used by staff on the nursing unit, but none were as blatant as the one shared at the conclusion of this section.

It is not surprising that avoidance was the most common method of hidden conflict management as organization members tend to choose to ignore the issues or let them drop because they feel the system or problem cannot be changed (Kolb & Bartunek, 1992). Avoidance can be adaptive to a greater proportion of issues continuing

to being dealt with in a behind-the-scenes fashion, through continual use of informal rather than formal communication channels.

Four main communicative forms were prevalent in participant narratives including gossip, lumping it (defined as tolerating a grievance by Van Maanen, 1992, and implies inaction to solving the grievance), delaying responses, and ignoring requests. Respondents overwhelmingly reported gossip as the most prevalent mode of backstage communication in this nursing unit. This is evidenced in the following narratives and is often expressed in the form of complaining or venting. Gossip was used in multiple strategies of hidden conflict, but was most frequently seen as organizational members worked to tolerate, avoid or alienate individuals within the nursing unit. Hafen (2004) showed gossip as a historically gendered (female) activity that empowers some while disempowering others. Gossip was consistently used as a form of control in some organizations and a method of competition in others. The other most common communicative forms present in the data included lumping it, delaying responses or completely ignoring requests. Standard and participant observations supported these data findings. For example, multiple times I observed people gossiping about a problem they were having with another worker, and they would make concluding statements like, “I’m just gonna’ move on and get my work done. Wouldn’t change anything to talk to that person anyway.”

Gossip

Gossip Is Used as a Form of Mere Tolerance That Does Not Imply Full Acceptance

Tracy RN: ...but I don't like to ask for help and I don't think this floor promotes it...because you hear the adverse reactions to people who do ask for help...you know, words or reactions, or whatever you want to call it; I didn't like the first year.—Maybe you would hear something it was said behind your back, or something that was said about someone else, so you thought, or I thought; OH! I'm not gonna do that 'cause that's all you're gonna hear about me.—I didn't like asking for help because I did ask for help one time just on setting up tubing [which I'm sure] to her sound[ed] weird to her, maybe like, you...how can you not know how to set that up?...And the eyes rolled when I asked...no, I didn't call her, I was right in front of her because I went to get her...and the eyes rolled. She was the charge nurse that day. So I think when I call someone and say, you know; 'Can you just check this?' I have that in me thinking: 'Oh, what are they gonna say now?' You know what I mean? Cause I see a lot of that on this floor...I'm sure it's everywhere, but you see a lot of it; a lot of the back talk: 'Oh can you believe that she asked? To show me this?' Or...you know what I mean?

Tracy conveys the recurring gossip present in the nursing unit which is used as a means to identify and tolerate persons who act outside the given norm. In her story she demonstrates that as a new nurse trying to acquire a new but simple skill (and do so in a timely manner for a waiting male physician), she seeks the charge nurse for assistance and blatantly meets resistance (enacted as rolled eyes). Tracy verbalizes her fear of being the brunt of gossip and reveals frustration with the lack of supported she received as a new nurse. Given this experience combined with the gossip she has heard about others, she believes that by asking for help in tasks that others find commonplace, she will be looked at with disdain and gossip regarding her ignorance would ensue. An additional consideration is that if it is a charge nurse (who has an informal semi-leadership position)

who is using gossip to tolerate an individual, it makes sense to conclude that seeking help from anyone could be a risky proposition. How much more would other staff (held to a lesser degree of professionalism) gossip about such things if charge nurses were doing this? She is clearly being tolerated, and not supported as nurses gossip about her rather than assist in her training and development as a professional nurse. The communicative form of the charge nurse's toleration is gossip.

Gossip Is Communication That Also Leads To Avoidance

Shawndra PCA: Well...I walked upon one of my coworkers, talking bad about me. It was a nurse. By her being a charge nurse it really...it didn't really hurt me, but I was kind of like, "I can't believe that she would do this!" But I heard it for myself. And what she was talking about, it wouldn't even be her problem; it was another...it was something that went over me and another nurse. And me and the other nurse took care of it, but this person...started gossiping in the back. So, it really just made me don't even wanna be bothered with this person, just 'hey' and keep goin'.—Only time I'm just concerned with the job or whatever, that's the only time I say stuff to her. And I think it's best that way, because I...nobody told me nothing. I heard it from myself. So this means to just stay away from that person. And what it's got to do with my job and I deal with that person, if not-I don't. —I just don't bother that person! That's my support system: Stay away!

Shawndra's experience with this charge nurse has led her to avoidance. Sticking to business only, and only when absolutely necessary, has become her policy with this person. The gossip she happened to interrupt led her to the conclusion that she must avoid this person altogether, because that is the best way to stay out of unnecessary difficulty on the job. Again the issue of professionalism appears in the conduct of the charge nurse. The lack of respect for the PCA and her situation is evident in the gossip by the charge nurse. The result: avoidance by the PCA in an effort to self-protect.

Gossip Communicated Through Complaining/Bitching/Venting Can Be a Form of Coalition Building

Mike PCA: I haven't heard anything good about dayshift PCAs , but I haven't experienced anything terrible about them. I did have one situation where the PCA is complaining about the nurse that she's working with. And the nurse is like, two feet away and we're suppose to be like...me and this PCA are supposed to be...I'm asking her about a patient and she's telling me about the nurse; and I'm like, wow! I understand that you're frustrated, but if you're frustrated, you need to talk to her. All I wanna know is about this patient, so I don't wanna hear anything about the nurse and how you hate the nurse and everything, but...whenever they talk about the nurses they are very unprofessional about it; they talk about it in the hallways, and they [are] complaining.

Mike describes a report time (patient hand off) between PCAs as being used to gossip about nurses. He claims to have resisted this effort by the off-going PCA to complain about the nurse rather than give an update on patient care, but the impression was left; it seems as though the day shift PCAs have joined together in a "silent" revolt against the day shift nurses, and this revolt is evidenced by the common gossip shared among PCAs and the control they exhibit communicatively to the nurses. It is understood that the PCA Mike speaks of is informally recruiting him to agree with and join the complaint against the nurse. The form of communication is gossip, which coordinates power, according to Hafen (2004). It is interesting to ponder if Mike did go along with the gossip, would important patient issues have been neglected during the report time?

Collectively, these forms of gossip served many different ends, but all had a common thread: behind the scenes processing of conflict events. However, the sharing

of information through gossip, while behind the scenes, had consequences reaching far beyond simple processing; the complexity is much deeper than that. Tracy's gossip experience exemplified the tolerance her co-workers were fronting in dealing with her questions they thought inappropriate. Tracy's clinical practice was affected in that she felt as if she could not ask for help—doing so would place her at risk of being an outsider or the brunt of the next round of gossip. As a result, she felt isolated in her early days as a nurse on this unit. More problematic for Tracy is the possibility of error in patient care delivery. What if in an effort to avoid the possibility of gossip, she had set up the tubing on her own and done it incorrectly? Could the patient been placed at a greater risk?

Shawndra describes the embarrassment and shock of overhearing an informal leader, the charge nurse, talking about an issue she thought had already been resolved. In connection to the observational data it is likely that the charge nurse was also performing a sort of surveillance in keeping a record of Shawndra's actions and behaviors. Shawndra's response was to completely avoid this person unless patient care necessitated an interaction between herself and the nurse.

Mike was a fairly new employee and instead of getting a review of the patients he was going to be caring for on the next shift, he was getting a run down of how the PCA didn't like the nurse he or she was working with. This type of behavior is begging the question of agreement (whether by silent participation or active) on the part of the listener. Participant and standard observational data reflected that gossip repeatedly served a deeper purpose than merely venting; it was often used to formulate sides to an

issue or person, and also to form coalitions between a people. The most frequently observed occurrence was nurses against PCAs and vice versa.

Lumping It

Lumping It Is a Communicative Form Used In Accommodation

Sam PCA: I was studying for an exam...so I was kind of distant with that person...so she picked up on it...and I guess...some responses to her I was short...not mean, directly, but to her, compared to my normal mode and mood, it was [perceived as] mean to her...And she called me out on it, like, "You're being mean" in front of everybody on the floor. There was like...I mean, just about everybody was up there for some reason, I don't know. And that really kind of aggravated me; I thought that was unnecessary...It didn't really get resolved, which kind of I was like, well I mean, you know, I'm sorry, I didn't think I was being mean...I was like, o.k. And then went on...so we went through our day and that's long been forgotten. I didn't say anything about it to her. I want it to, you know, I wanted to tell her that I thought it was inappropriate, but I didn't; I just let it ride and went on by my day. And we've gone back to our normal relationship.

In this story, Sam has chosen to tolerate this nurse's inappropriate behavior by lumping it rather than fully addressing the issue. This response allows him to avoid confrontation; as a result, he accommodates the registered nurse. He has given up pursuing his opinion and feelings to accommodate the behaviors of the nurse. It is interesting to note that while Sam states that this incident has long been forgotten, it impressed him enough to be included in his response to a reflection on a challenging incident with a coworker. It appears that lumping it makes a significant impact on the person keeping their reaction to an event to themselves rather than using another communicative measure to handle the hidden conflict.

Delaying Responses

The Communicative Form of Delaying Responses, Like Gossiping, Is Used In the

Hidden Conflict Strategy of Tolerance

Latasha PCA: One incident getting into it with another coworker—yelling at me in the hallway like a two year old in front of a patient...a new admit...the charge nurse...a charge nurse. [I felt] Mad. It really didn't degrade me, it just made me give an attitude really bad. I didn't yell back, but I had words...it wasn't a yelling type of thing...but...we just didn't speak for a couple of days, maybe a couple of weeks. After that, we just spoke again. I guess to let everything die down. It was a big deal then. But as it died down, you know, you just let it go. I don't hold grudges, so it's not a big thing to me. I kind of like, e-mail the nurse manager to let her know because at the time, it really ticked me off...So...after a while it just went away. Never did [resolve the issue]. It just affected my ability to [help the] patient, I mean with that nurse. Like as far as...maybe its not right, but it may take me longer to answer some...answer to something that they need. It's just little.

Latasha speaks of her struggle to rectify the situation she found herself in with her disrespectful coworker (again a charge nurse). She tried e-mailing her manager about the incident, but evidently to no tangible conclusion. As a result, Latasha took the matter into her own hands as a sort of silent revolt. When she worked with this nurse, she began lengthening the time she took to respond to a patient's request. She admits it is probably not the best way to handle her response to the situation, but she is careful not to go overboard in letting it affect her work, stating "it's just little". However, though she claims it does not affect her care delivery, it is difficult to believe that the patient would truly escape unaffected by the delayed response time as a result of this hidden conflict.

Ignoring Requests

Ignoring Requests Is a Communicative Form Used in Strategic Alienation

Trinity RN: I have this one person who I had to apologize to this person like, a lot of times. And sometimes I think it was kind of going back to have being like, reconciling if there was an argument or...so if that person offended me like, still going and reconciling it, you know. And there's been times that this person in particular who I have felt like, will yell or not...I mean just not answer like, I've actually said something very important to on the bases on a patient and their care and then they'll just totally not responding to me at all, it was just ignoring, you know...the PCA totally just ignoring me...and then like, you know acknowledging another coworker or another nurse, that assistant would acknowledge that nurse right in front of my face, but when I would speak, would ignore me. So there was a lot of evidence of intentional like, just difference in behavior with me versus of my other...other nurses.

Trinity describes a relationship that has clearly become one of strategic alienation. She no longer has a functional communicative relationship with this particular PCA, but rather has difficulty even interacting on a “strictly business” level to meet the needs of the patients they are caring for. Trinity is being strategically ignored by a PCA. This example demonstrates the power an individual can exude through hidden communicative techniques. It also illustrates the possibilities of patient care delivery being affected due to hidden conflicts experienced between health care workers.

Hidden Agendas and Surveillance

Hidden Agendas and Surveillance Are Communicative Forms Used in the Hidden

Conflict Strategies Retaliation and Sabotage

Raylinda Secretary: I know an incident that did happen on the floor”—[describes incident in which nurses were violating multiple codes of conduct & professionalism]—“and they gossip, and they...you know when you tell one person one thing, it's gonna be told two, three, four

different ways—[I heard] bits and pieces of people talking from PCAs to nurses. —I did notice too when they were disciplined...it's just like when you found out who turned them in, which was a PCA I believe, they use, "OK, let's get back on this PCA."...Because when that happened on the floor...well, I don't know if this is true or not, but the RN...the PCA said, "The RN snagged sheets off the bed when the patient was up on the floor walking" or whatever the case may be; and then she would...go and make the bed---things that the nurse would do to create more work for the PCA...I saw a lot of that too because of this incident.

It is clear that the unique perspective of the secretary, being at the center of much activity and action on the nursing unit, allowed her an exposure to multiple hidden conflict events among staff. This episode of enacted sabotage highlights the motivation behind the hidden conflict: retaliation. The nurses formed a hidden agenda in an effort to collaborate a plan of retaliation to sabotage the PCA offender (who was in actuality a whistleblower on the nurses' unprofessional conduct). Observational data revealed an ongoing tension between this particular PCA and various nurses. This tension built as nursing staff would "write up" this PCA for any misbehavior or perceived misconduct. ("Writing up" took the forms of either written or verbal communication with management to report employee misconduct of various kinds.) As a result, a strict regimen of surveillance (often a collaborative effort via gossiping) ensued among nursing and PCA staff in which offenses were tabulated and used as collateral or stored as ammunition to bring out when needed at a later date.

This power struggle culminated during the life of the research project to the climax of the incident reported above in which the PCA sabotaged the nurses involved in the misconduct and unprofessionalism by reporting the occurrence to management and later outspokenly "bragging" to other staff about turning in the nurses. The nurses clearly

began an organized plan to retaliate against this PCA for reporting them to management, through the creation of increased and unnecessary work (such as stripping the bed that was just made so it would have to be made again). It would be hard to imagine that such events would not distract or have effect on the patient care being delivered by nurses and support staff.

Making sense of all of the unique elements of narrative, hidden conflict and work relationships in the lives of health care workers is addressed in the final chapter of this project. Multiple issues make this study one of intense complexity that beckons for further study and research into the depths of hidden organizational conflict and the experiences of health care workers. A discussion of research findings will be presented. Practical, theoretical and organizational implications are suggested and limitations of the project are explored. Areas for future research and conclusions of the thesis are posited.

CHAPTER V

DISCUSSION AND CONCLUSIONS

Summary of Findings

Findings of this study stem from the research questions of this project and have implications for scholarship on hidden conflict and health care organizations. Three main conclusions are offered in the following order. First, the topics and areas of concern that nursing and support staff experience in enacting hidden conflict are highly dependent on the organizational hierarchy in which they work. Second, Bruner's narrative theory informed the study of hidden conflict through the understanding of how sense making occurs by linking the extraordinary to the ordinary in hidden conflicts. Thirdly, several strategies were found that characterize the ways that hidden conflicts occur and several forms of communication were found that characterize the way those strategies are conveyed. These conclusions are discussed more fully in the following section.

Hidden Conflict and Hierarchy

This research demonstrates that organizational members organize themselves within a hierarchy, using specific communicative forms in enacting hidden conflict within that hierarchical system. In this study, organization within the hierarchy is related to age, gender, race and culture. This affirms Yoder & Aniakudo's (1997) findings of race and gender as highly influential in workplace ranking. Lorde's (1992) claim that age, race, and gender strongly influence power in social settings is also confirmed through this finding. Therefore, I take an oppositional stance to Morrill and Thomas

(1992) when they state observed or overt conflicts have a more substantial influence on the culture of an organization than do unobserved or hidden grievances, which they minimize. I argue that, in fact, just the opposite is true. This research increased the understanding that a close examination of the deeply seeded behaviors and discourses of organizational conflict reveals their vitality and importance in the organizational hierarchy, and in maintaining an organizational culture that supports that hierarchy. An emic understanding of an organization reveals the actual functioning level (or lack thereof) of the organization, as opposed to the mere appearances of an organization from a perspective of its formalities such as an official organizational chart indicating prescriptive communicative channels for managing conflict.

I concur with Bartunek, Kolb, & Lewicki (1992) when they state: “If conflict is to foster social change, it is necessary that private and informal dimensions of conflict management be brought out into the open, to be on stage to be viewed and understood,” (p. 226). This philosophy will help scholars and practitioners process hidden organizational conflict more effectively. Naming hidden conflict as private, informal and non-rational is the first step to understanding its more complicated aspects, as exemplified in the categories identified in this study such as avoidance, accommodation, tolerance, retaliation, and sabotage. Knowledge of these behaviors reflects a more general understanding of organizational structure, culture, and communication processes and is therefore valuable to multiple disciplines. To improve organizational quality, metropolitan hospitals and organizations must work to combat the social inequities that thrive in their organizational systems of hierarchy and power that remain unchallenged

by the organizational culture. Being cognizant of the effects power and position have on subordinates' abilities to communicate within the hierarchy and then resultantly supporting a system that fosters and values their voices and opinions within the organization is one example. This may also mean supporting initiatives to increase cultural awareness, decrease racist behaviors within the organization, and aim improvements not solely toward better services for patient or client populations, but toward improving the working relationships among the workers themselves. Building an understanding between cultures, races, ages, genders, and differences in the personal backgrounds of workers could potentially remove barriers to individuals' best functioning, but must also be understood within the perspective that hierarchy sequesters discussion of issues of social importance such as those found in this study: lack of respect for older health care workers due to ageism, lack of teamwork among African-American nursing aides and Caucasian nurses due to institutionalized and personalized racism, poor hiring and promotional practices for "non-American" raised individuals due to the overbearing presence of the "American way" expected of all workers, and finally misconceptions and poor communication between nursing staff of opposite sexes.

Narrative and Hidden Conflict

Bruner's (1990) narrative theory as a methodology in the analysis of data for this project was helpful in understanding the meaning behind the conflicts experienced on the nursing unit. While the theory's qualities of plot sequence, and an irrelevance for any version of one "truth" were especially helpful in both identifying narrative and in analyzing a hidden conflict occurrence, even more so was the theoretical quality of linking the exceptional to the ordinary. The ability to simultaneously make sense of the ordinary and the unusual is not unlike the nature of conflict itself, linking through a dialectic relationship, the nature of what is hidden and what is overt, rational and non-rational, formal and informal (Kolb & Bartunek, 1992). This idea lends toward hidden conflicts being more easily understood by linking them to an ordinary occurrence. Further, this theoretical concept allows the dialectic to remain in tact and a person can function simultaneously in what is known and understood, and in that which is ambiguous. For example, a nursing aide may note that none of the nurses are throwing a baby shower for an African-American housekeeper, which may seem out of the ordinary and unexplainable. However, the nursing aide creates a story that links the common societal problems of institutional racism and the power dynamics of organizational hierarchy to this situation, she may be better able to link what was an exceptional occurrence to that which is ordinary and the two concepts can then co-exist logically.

Another interesting note regarding Bruner's theory is that throughout the data analysis it became evident that, at times, the exceptional experiences become a regular occurrence. For example, when the exceptional experience (a PCA not fulfilling role

requirements) becomes an ordinary occurrence or the behavioral norm, the challenge becomes, understanding how this shift affects the nature of the narrative itself. If it is possible for the exceptional to become the ordinary, it may challenge how this portion of the theory functions.

Hidden Conflict Strategies and Communicative Forms

Hidden conflict strategies and hidden conflict communicative forms were identified and defined in the narrative data presented in chapters III and IV (refer to tables 1 and 2). This categorization process revealed an interesting phenomenon: there is a continuum in which hidden conflict fluctuates from the very private conflict to the public conflict. Both communicative forms and hidden conflict strategies can be seen along this continuum. Using the three stages of conflict summarized by Morrill and Thomas (1992) as a tool for gauging the private to public continuum; the grievance or “pre-conflict” stage, the conflict stage, and finally, the public disputing stage, this continuum demonstrates the fluidity of both hidden conflict strategies and the communication that transpires within hidden conflict. Results from this study have demonstrated that hidden conflict is present in grievance states as well as conflict and dispute states. However, this study has also shown that hidden conflict’s communicative forms and conflict strategies may have a stronger presence in some conflict stages at any given time. For example, hidden agendas may be a communicative form used when the hidden conflict strategy of retaliation is in play, which data from this study showed tended to fall closer to the disputant stage, and therefore closer to the public stage, than it did toward the grievance, or private stage.

The following figures 1 and 2 are the conceptual summation based on observational and interview data and are not intended to be reported as measured results, rather they reflect generalized findings that are of interest to this project. The figures depict the continuum for hidden conflict communicative forms and the continuum for hidden conflict strategies respectively along a private to public range. When a hidden conflict communicative form or conflict strategy falls in the middle of the table, this indicates that its presence is as likely to be present in any of the three conflict stages (grievance, conflict, or dispute) and therefore equally likely to be found in both private and public conflict domains. When a hidden conflict communicative form or strategy falls to one side more strongly than the other in the table, this indicates a stronger affinity for either the private or public domain along the continuum. Of note, hidden conflict's presence is so pervasive that social actors often bounce between stages of conflict using various forms of hidden conflict communication and hidden conflict strategies as they move. This movement is represented by the arrows both toward and away from the overarching theme of "hidden conflict".

Figure 1

**Communicative Forms in Hidden Conflict & Their Relevance to Stages of Conflict
From the Private to the Public Domain**

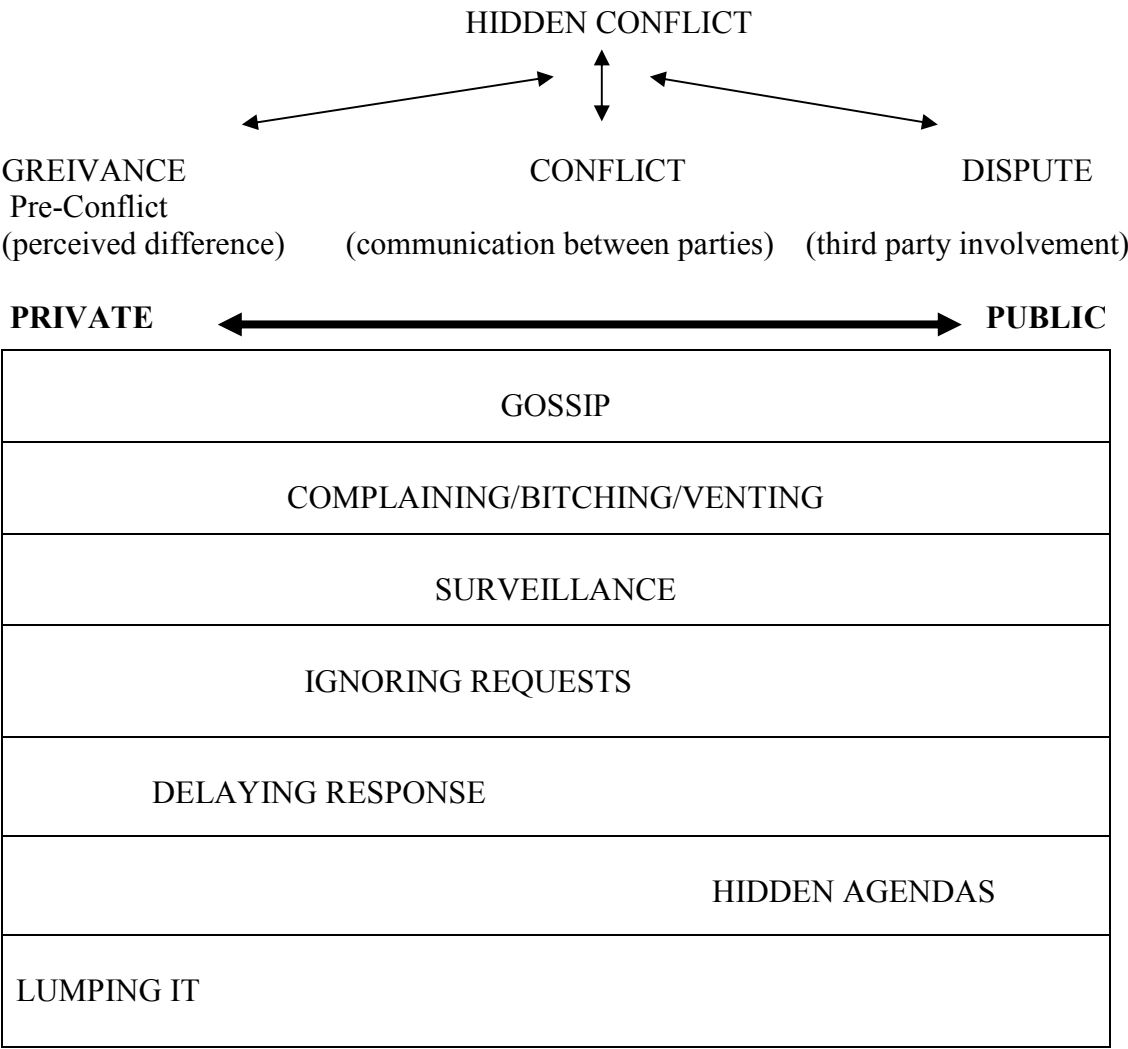
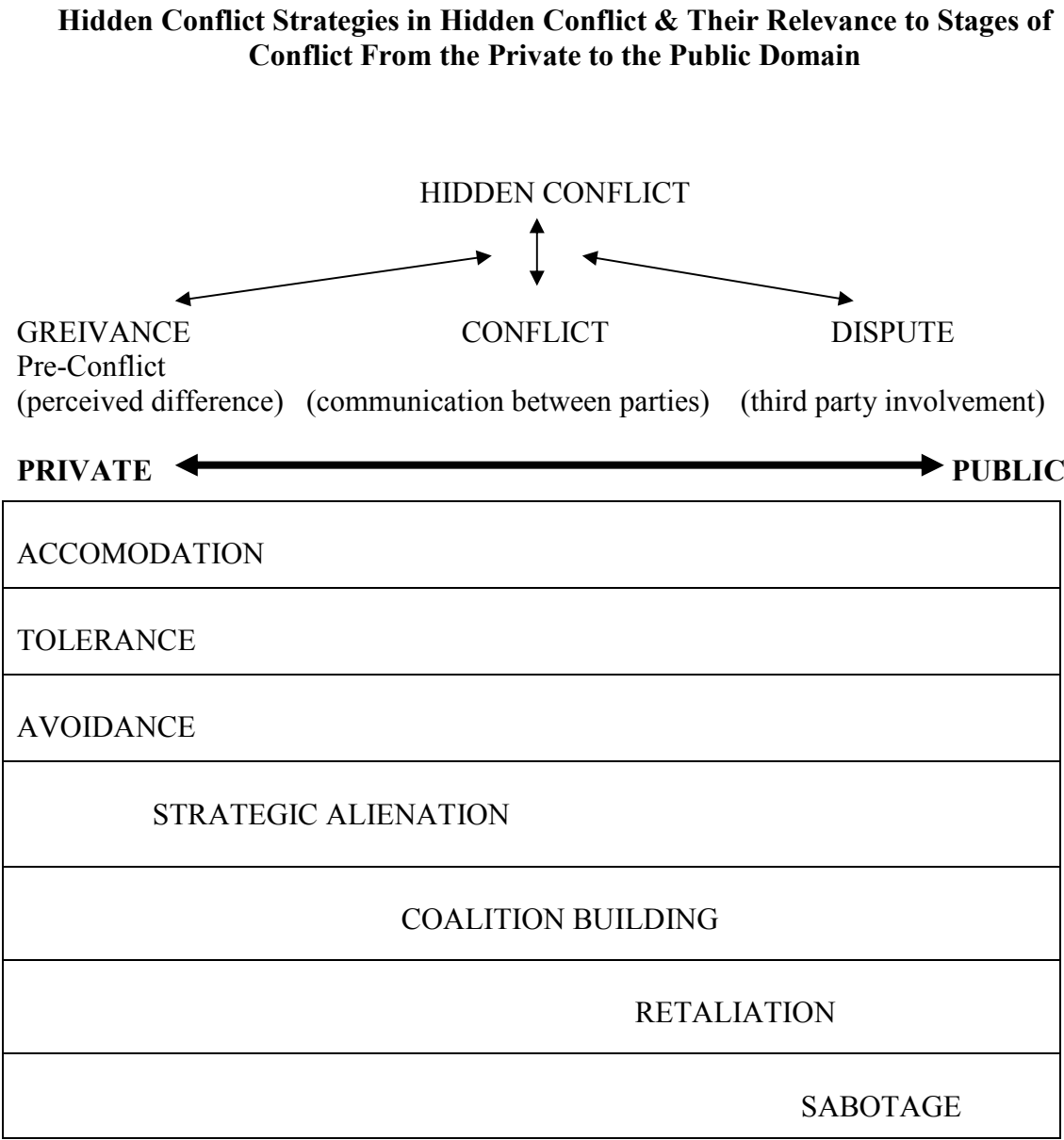


Figure 2



Implications

This study offers two main implications. First, of theoretical value is the affirmation that the delineation between hidden and overt conflicts is not a fixed segregation. Conflict situations may contain aspects of both hidden and overt conflict simultaneously causing meanings to fluctuate, boundaries to have blurred edges--often bleeding into one another. There were moments when a hidden conflict became public knowledge not through a formal setting such as a meeting, but rather through a hidden conflict communicative form such as proliferative gossip. Data from this study reaffirms Kolb & Putnam's (1992) findings that hidden and overt conflicts were held tenuously and at times qualities of both were expressed simultaneously. Therefore, conflict exists in complex tensions between oppositional forces that can become *both and* not merely *either or*. This collision of what is hidden and what is overt requires a new framework for understanding organizational conflict, and this research serves as a beginning toward that framework. Kolb & Putnam (1992) address the dialectical tensions in which these tensions are held together reminding us that "movement or change is a fundamental property of a dialectical approach," (p17). The boundaries are less clear in conflicts of a hidden nature that unfold in a public setting, or when what is hidden becomes public knowledge through communicative means such as gossip. These are examples that do not fit neatly into any present understanding of hidden conflict and reaffirms that the tensions between what is hidden and what is overt have a fluid relationship that changes at any given time or that is situationally dependant.

Second, the narratives conducted in this study revealed a unique perspective on patient care delivery: hidden conflicts seemed to affect their work in delivering patient care. Participants implied that hidden conflict was an influencing factor in their work caring for patients. When they spoke of the hidden conflicts experienced amongst coworkers, it was often surrounding issues of patient care. This was evidenced in the care delivery model of nurses working with nursing assistants, in which a team was necessary to meet the complete needs of the patient. The following narratives reveal nursing and support staff reporting that patient care is affected by the hidden conflicts they face or enact in their workplace.

Sam PCA: Well, you know, like say there's an issue with the nurse...like...that day when that nurse, when that happened. I didn't go out of my way like I normally would to go up and say: Hey, are you doing ok? Can I get something for you? That's just how it was, you know...And she really offended me the way she was like, talking crap about me. So yea, definitely, you know. And I think that's human nature, you know, when someone makes you mad, you don't wanna do a lot for them, you know? ...It would make it difficult to work with that person. Then, therefore, you know, their patients, you know, maybe I'm not wanting to go around because they're in the room or help them with some procedure as much, you know?...That [communication] pretty much stopped, you know; we pretty much gave each other our own space. I remember that day like she stayed like away on the other side of the unit. So...it's not a good feeling. You know, you're more inclined to just do your thing...without asking for help which could be dangerous, you know? It would definitely, like you get bogged down, or I, yea, you miss something, you can't get to something else on time, you know? [It] snowballs.

Sam describes a stressful relationship between himself and a nurse that affects his desire to work with this nurse, which results in a reluctance to meet the needs of the patients they are caring for together. His viewpoint is clear: relational tension can translate into less involvement in patient care. It seems that patient care is viewed as

only at its best when teamwork or collaboration is present which does not happen when hidden conflicts take the center stage of the relational interactions between nurse and PCA. A final interview narrative on patient care delivery and hidden conflict focuses on the impact on communication between health care providers.

Mike PCA: ...So if the PCA has a problem with the nurse and they're being petty about it and not talking to the nurse, then sometimes they allow that to get in their way of communication with the nurse about the situation...And so I think that is a major problem and I've talked to parents and, you know, "Well, I talked to the PCA and I told them that I needed blah, blah, blah for my kid and the nurse never came." And so you're like trying to work these problems out with the PCA, you assume the PCA was probably pissed off with the nurse and didn't tell them. But you know, there has to be communication even from the bottom up, from the top down...you have to have communication; so if the PCA is hating your nurses, they're not going to tell them. So...and I do see a lot of the counter effects of PCAs who didn't talk to the nurse and let them know if the patient was in pain, or if the patient is having nausea. And even the nurse looks like a jerk because they didn't even do anything about it...the families don't really know what goes on outside their door.

Here it is stated that the patient can suffer tangible consequences from the breakdown of communication that comes as a direct reaction to hidden conflict in the working relationships among staff. Patients may not receive needed medication or treatments if that information is not passed on to the appropriate person due to "petty" problems experienced between nurse and PCA. This example is somewhat consistent with observational data, however even in observing these behaviors, it is difficult to know the intent behind the miscommunication (such as retaliation) without directly speaking to the individuals at hand.

More evidence is needed to directly link hidden conflict to patient care outcomes, and care delivery. However, this study serves as a sounding board due to its suggestive

implications on hidden conflicts affects on patient care. Making sense of all of the unique elements of narrative, hidden conflict, and work relationships in the lives of health care workers beckons for further study and research into the depths of hidden organizational conflict and patient care delivery.

Limitations

The lack of a formal public staff meeting limited the ability of the researcher to formally delineate between overt and covert conflicts. Despite the impossibility of making this comparison as originally planned, the methodology used in this study (including observations, participant observations and in-depth narrative analysis) led to unique understandings of many of the hidden conflicts observed and/or revealed during interviews. However, there were hidden conflict strategies and communicative forms that emerged with a more obvious public nature than others, leading to the conclusions found in figures 1 and 2.

While qualitative studies often require the researcher to engage in case studies and collect data that is in-depth rather than reaching large or multiple populations for study, this poses another limitation: the small sample size, one nursing unit in one facility. The particular ethnographic nature of this study could also be seen as a limitation. As a registered nurse working in the facility being studied, I had access to an insider's information and experiences, but this may also be a limitation in a few ways. First, interview respondents may not have been comfortable being candid with me as their peer, and later as a semi-formal leader (after my promotion). Second, I may have avoided or neglected areas that an outsider would have identified as pertinent to the

research. Finally, my views and analysis are inseparable from my identity as a young White female with a BSN degree, factors which influence everything in the project and could have limited my ability to see and process things outside my realm of understanding.

Conclusions

Final Thoughts on Hidden Conflict

Several helpful conclusions can be drawn as a result of this research. First, hidden organizational conflict is pervasive, and as many authors have suggested (Kolb & Bartunek, 1992), is much more prevalent than overt conflicts. On a day to day basis, there are many more interactions of an informal, rather than formal nature. Ongoing hidden conflict was found in nursing and support staffs' daily interactions outside of office meetings and in the midst of direct patient care or support. Patient care delivery consists of multiple interpersonal interactions throughout a working day which increases the possibilities for creating and confronting hidden conflicts in the work place.

Second, is the understanding that organizational members, including organizational leaders, do not automatically have the capability to demonstrate culturally and diversity sensitive behaviors. It is interesting to note that 3 out of the 5 PCAs interviewed were African-American females, and all three referenced their need for intervening in communication with patients in some kind of fashion, in order to "clean-up the mess" as one stated, after non-African American nurses have been in a room caring for minority patients. This suggests that the nurse may have used racially inappropriate communication with the patients' families and that the PCA then had to

follow after and apologize or make up for what was inappropriately said to the family. One example that I noted during my participant observations was a story someone told me about an incident between a young Caucasian nurse and an African-American family. The nurse made a comment to a young family member in the room wearing a bandana tied at the crown of the head stating with a laugh, “You look like Aunt Jemima with your hair like that!” An African-American physician pulled the nurse aside shortly afterward and informed the nurse that this is interpreted as racially derogatory comment so she should be careful in making such statements.

Third, this research points toward the importance of front stage communications. Findings demonstrated the effects of having no front stage communicative interactions, i.e., regular staff meetings, open to all members of the nursing staff: hidden conflict proliferated. This emphasizes the importance of communication in the front stage setting to reduce the negative effects of hidden conflicts in the work place. When all communication unfolds through the backstage, the conflicts remain hidden as well and the organizational culture remains uncontested. Institutionally, this allows poor policies or unfair or ineffective practices to continue unidentified and unchallenged. However, Friedman (1995) found that communication was hindered between groups that did not understand the importance of handling conflict in the informal and private settings. Therefore, it should be understood that both the covert and overt forms of organizational conflict have importance in communication within the organization, and neither should be neglected or underestimated in their influence on organizational members.

Future Research

Several exciting areas for future research have become evident as a result of this study. First, a more in-depth typology of hidden conflict communicative forms and hidden conflict strategies would be useful toward our theoretical and practical understanding of how hidden conflict lives in organizations. This study serves as a beginning toward that end. More research is needed to clearly identify, categorize, and qualify hidden conflict and the many communicative forms used in enacting hidden conflicts. Further, it would be beneficial for researchers to identify the intersection of conflict strategies and communication forms to reveal different patterns in the way hidden conflict moves into the public arena. Highlighting and exemplifying these intersecting areas would add a great deal to both communicative and organizational scholarship and could give greater understanding toward the relationships between nursing and support staff in the hospital setting. A dialectical approach to formal and informal resistance tactics would demonstrate these tensions well.

Second, more studies (such as Clair, 1994) are needed on the experiences of male nurses in a predominantly female profession and what that means for the nursing profession overall. It may also prove beneficial to understand the social implications of the differences between male and female professional nursing relationships and examine their power structures and their evolution over time. As the diversification of the nursing profession progresses, so must our communicative research.

Thirdly, research into the quantified effects of hidden conflict among health care staff could be beneficial to organizational leadership. This could be accomplished by

tracking the types of hidden conflicts and the accompanying communicative forms used in the conflicts experienced by individuals. Identifying these dynamics may shed light on the types of communication needed at the organizational level to facilitate better relationships and team work among nursing and support staff. Another possibility for development would be categorizing the hidden conflict communicative forms and strategies used by frequency count per job description and then comparing the conflicts to their related effects on job performance (such as number and nature of disciplinary counselings), or on job satisfaction. Once the results of this process are obtained, the data could then be compared to specific training already initiated by organizations (such as cultural awareness and diversity training) to study its effectiveness.

Finally, a more directed study on hidden conflict's effect on patient care is needed. This study provided a glimpse into the effects of hidden conflict on patient care, but a more focused study of this relationship is needed to draw stronger conclusions. While more research is needed on the direct affects of hidden conflict on patient care, one study showed a reduction in medical errors as a direct result of improved communication among health care staff (Fortescue, E. B., et al. as cited in Hughes & Edgerton, 2005) which points toward a possible focus for research in this area of interest.

In conclusion, examining the opportunities that narrative inquiry provided toward a deeper understanding of the complexity of hidden organizational conflict created a contextually rich project. Uncovering hidden conflict through narrative analysis revealed an undercurrent in the organizational life of health care workers that provides

us with a glimpse into their realities on the job and in so doing reaffirms narrative as a powerful form of discourse. This study confirms Robichaud's (2003) claim that stories are able to "capture the richness of organizational life" (p. 38). Narratives are a well-established mode of communication already existing within organizations and further, they are valuable for study in multiple disciplines due to their inherent ability to unearth such a wealth of information within the context of hidden organizational conflict. In effect, narratives and their analysis hold a promising future toward bringing hidden conflict into the open. It is at this level of analysis that hidden conflict can be exposed, understood, and then channeled into more effective management and outcomes for all parties involved. Bringing the subdued to a level of exposure may be beneficial to researchers, scholars, and practitioners, as well as for parties and organizations experiencing hidden conflict. Eliciting narratives is a promising way to do just that.

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APPENDIX A
STAFF RECRUITMENT LETTER

Dear Nurses and Support Staff:

I am conducting a study to fulfill requirements for a thesis at Texas A & M University for a degree towards a Master's in Communication. This research is supported by a research grant from Central Hospital. All nurses and supportive staff are invited to participate in the study.

I am examining communication patterns and conflicts within institutions. The purposes of my study are: 1) To describe the nature of hidden conflicts among nurses and support staff in a hospital unit; and 2) To examine the effects of hidden conflict on professional relationships and communication among nurses and support staff in a nursing unit.

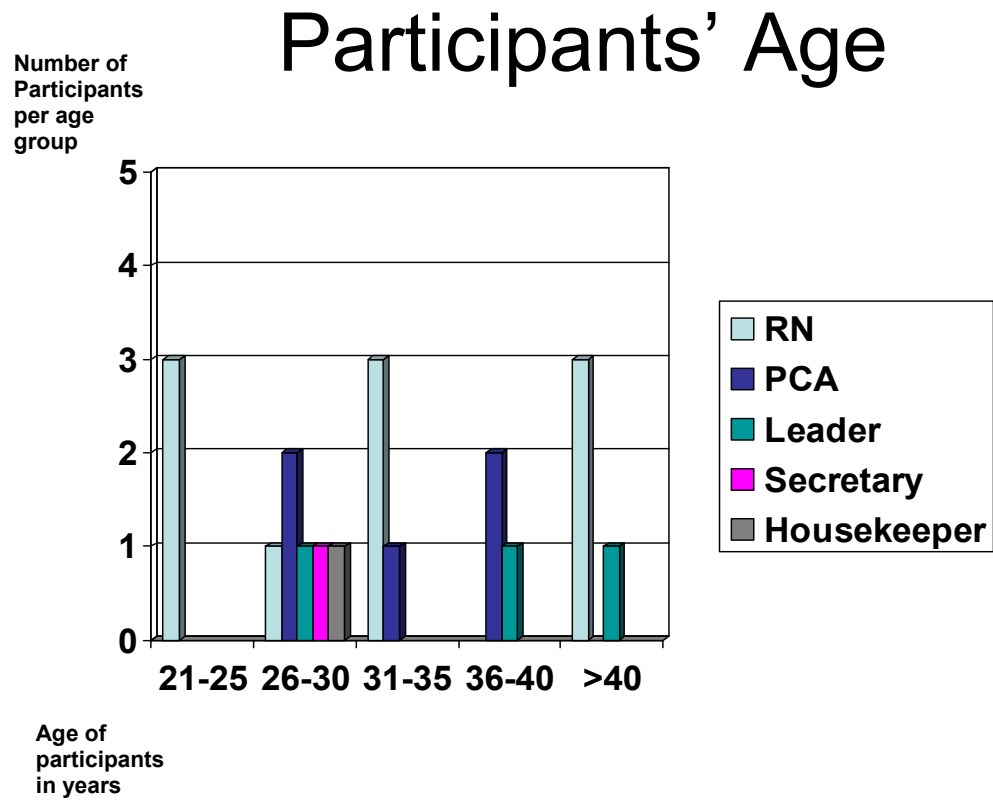
There are three phases to the study. Phase I is the review of non-patient documents (policies, procedures, memorandums) that may serve as a frame of reference for the study. Information regarding channels of communication, conflict management protocols, philosophy on professionalism and teamwork will be collected. Phase II is participant observation. Observations of unit activities will be made during work hours. Phase III is the interview. Nurses and supportive staff will be interviewed (and audio-taped) at a date, time, and place convenient for participants and the principal investigator.

The benefit of participating includes an opportunity for you to express your personal opinions and feelings that might otherwise be unheard. It will also increase our knowledge about work relationships that will be used to develop a better work environment. The data may also be useful for resolving hidden conflicts among nurses and support staff, improve channels of communication, build a team spirit among nurses and staff, increase morale among nurses and staff, and promote positive attitudes and professional relationships. The risks are minimal and may include emotional discomfort in responding to interview questions. Participants may decline to answer any questions that make them uncomfortable.

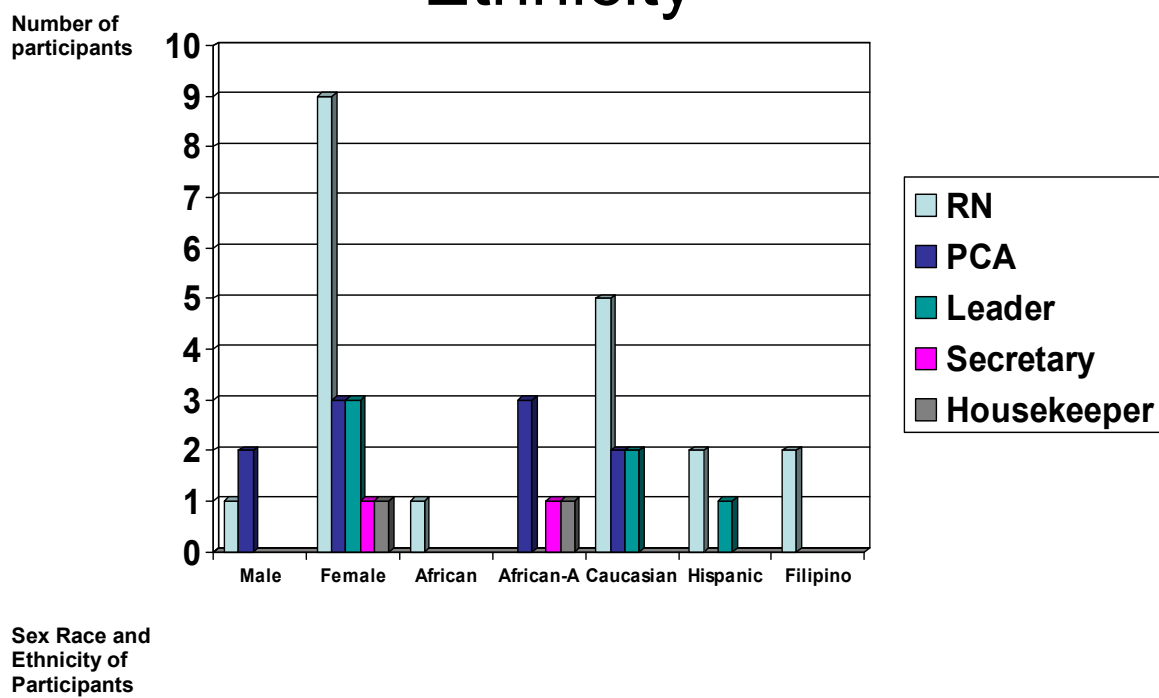
If you would like to participate in the study or if you want to learn more about the study, please e-mail me or contact me by phone. Thank you.

Sincerely,
Carrie Anstrand, RN
Master of Communication Student
Texas A & M University

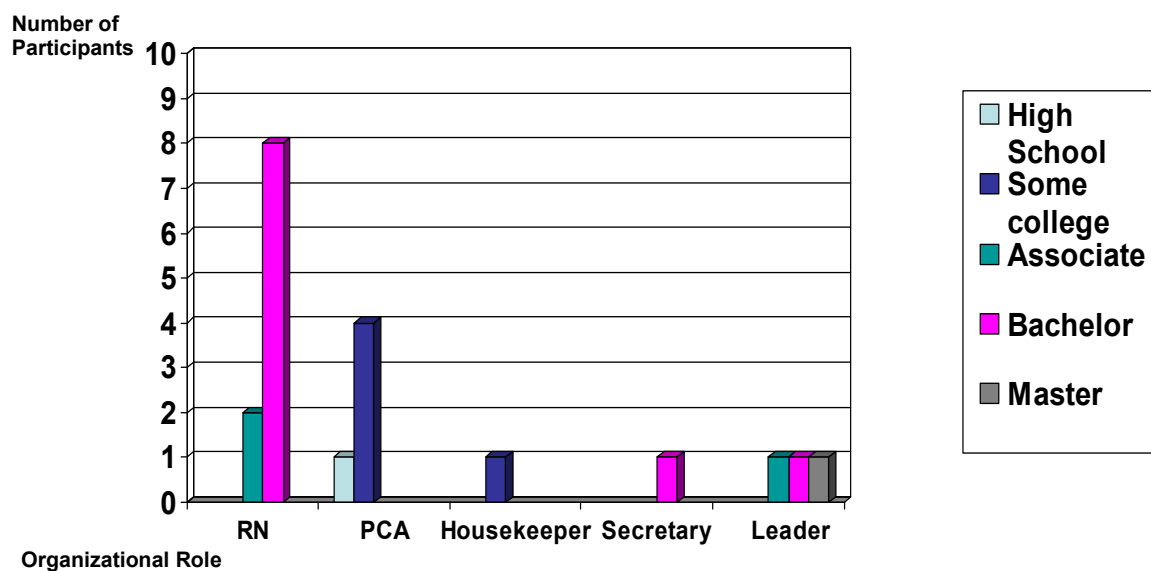
APPENDIX B
PARTICIPANT DATA



Participants' Gender, Race & Ethnicity



Participants' Education Level



B-3

APPENDIX C

DIVERSITY QUESTIONNAIRE

Please circle your answers.

Gender:

(1) Female

(2) Male

Age:

(1) 21-25

(2) 26-30

(3) 31-35

(4) 36-40

(5) >40

Race/Ethnic Group:

(1) African-American

(2) Asian

(3) Caucasian

(4) Hispanic

(5) Filipino

(6) Other _____

Number of years on IT Tower: _____

(1) <1

(2) 1-2

(3) 3-5

(4) 6-10

(5) >10

Usual Shift:

(1) Days

(2) Nights

(3) Other _____

Type of Employment:

(1) Full-time

(2) Part-time

(3) PRN

Highest Degree (Nursing or non-nursing)

(1) High School

(2) Some college

(3) LPN

(4) Associate Degree

(5) Bachelor Degree

(6) Master Degree

(7) Other _____

Job on 11 Tower

(1) Secretary

(2) USA

(3) PCA

(4) RN

(5) Manager

(6) Other _____

APPENDIX D

INTERVIEW PROTOCOL

All information will remain confidential, and neither names nor information will be shared with persons on the nursing unit. Generalizations will be made at the end of the project to summarize key points learned during the project. Names, specific incidents or details will not be shared. No one other than myself, my professor and a typist will have access to this information. Names will be changed to protect identity. I appreciate your time.

1. Tell me what your role is here at Central Hospital.
2. Describe the most rewarding part of your work.
3. Describe the most difficult part of your work.
4. How would you describe your relationship with your co-workers/management?
5. Please tell me about a particularly challenging incident with a co-worker/management you experienced while working on this nursing unit.
6. How did you deal with this conflict, and what was the outcome?

What were your feelings during this time?

What were your feelings about the outcome?

Did you talk to anyone about this conflict? If so, whom? How?

7. What is the most difficult working relationship you have on the nursing unit? Why?
Does this affect your ability to deliver the quality of care you want to?
8. If you could change one thing about your co-worker relationships on the nursing unit, what would it be? Why?

VITA

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M.A., Texas A&M University, 2006

Funding: Intramural Research Grant, 2005